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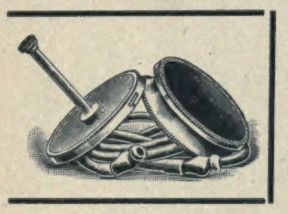

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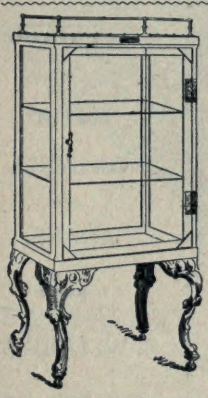

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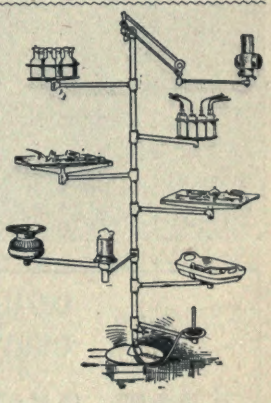

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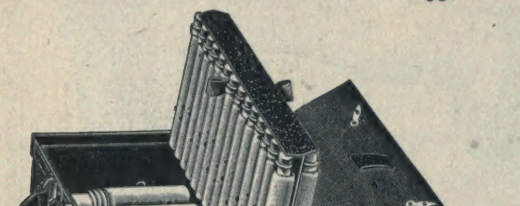

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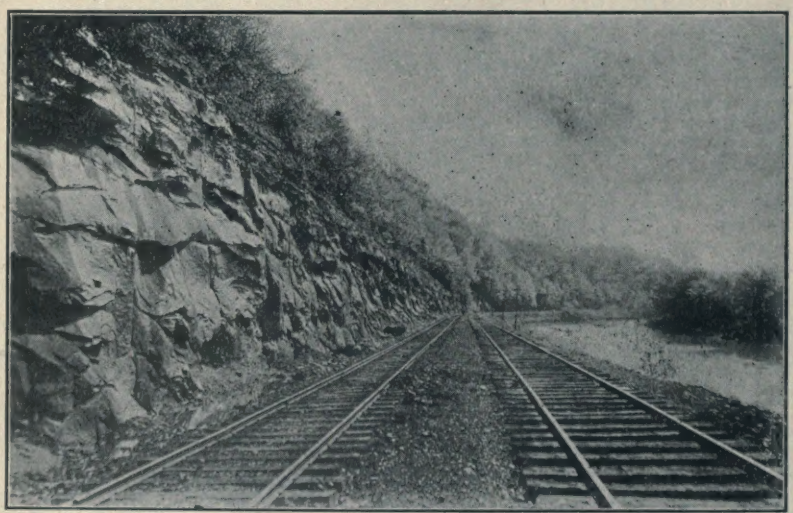

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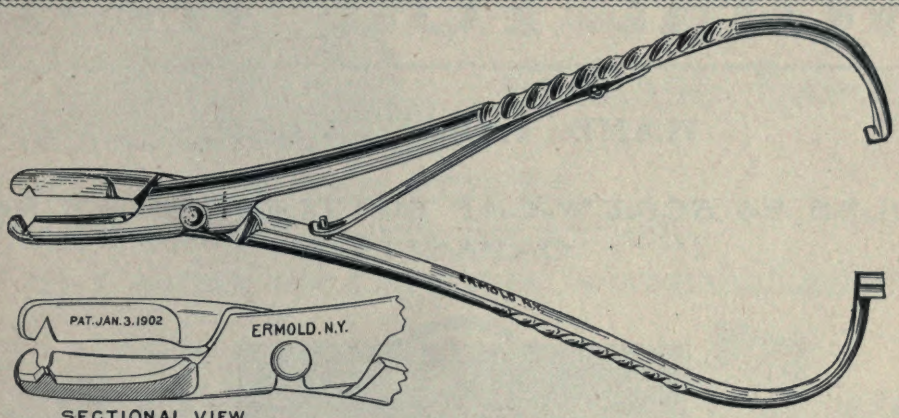

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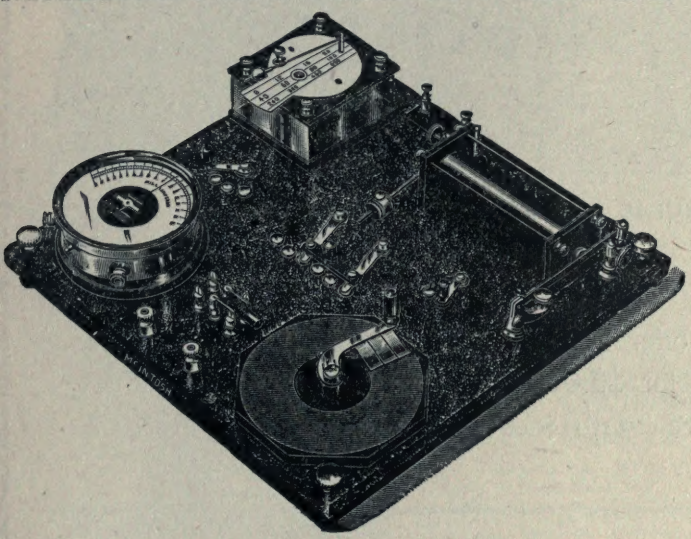

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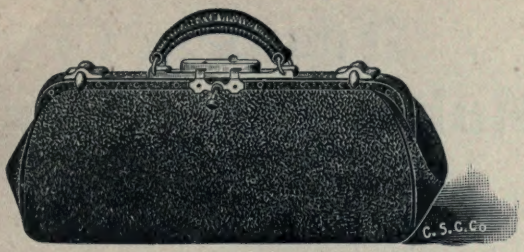

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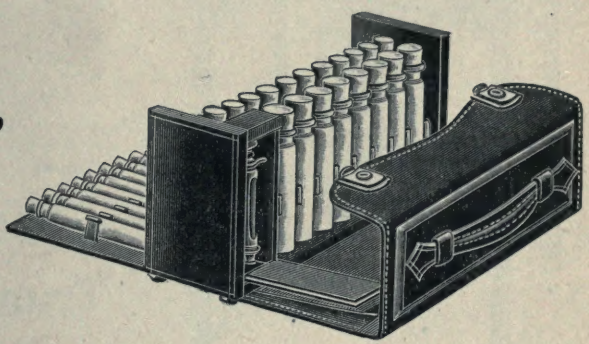

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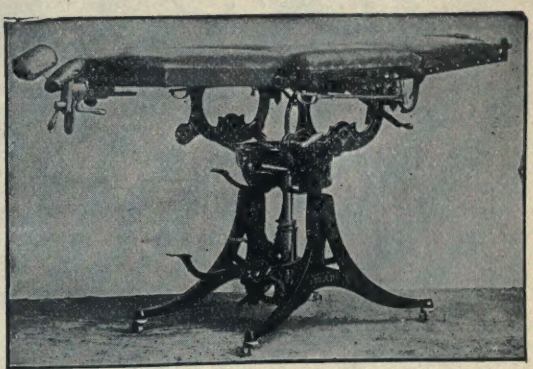

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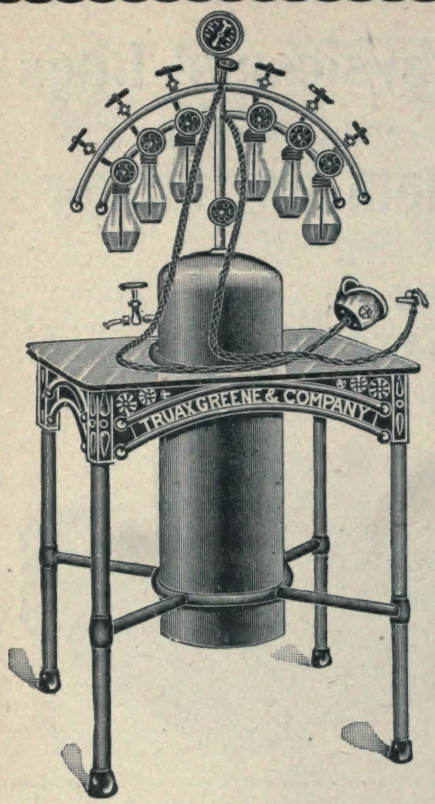

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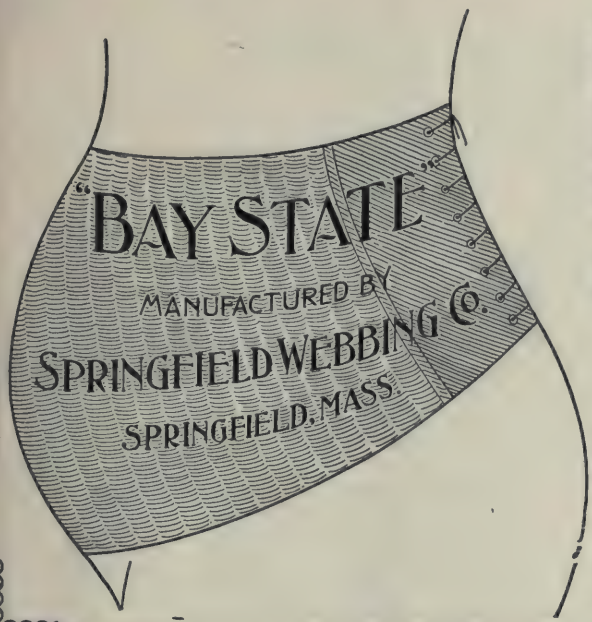

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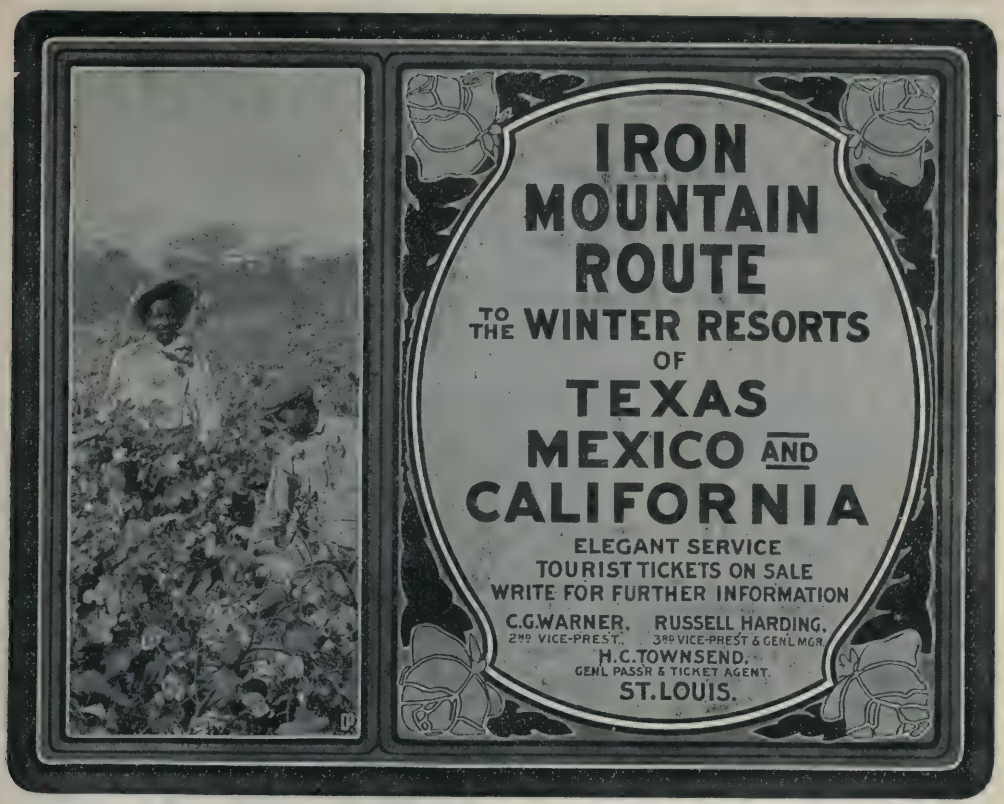

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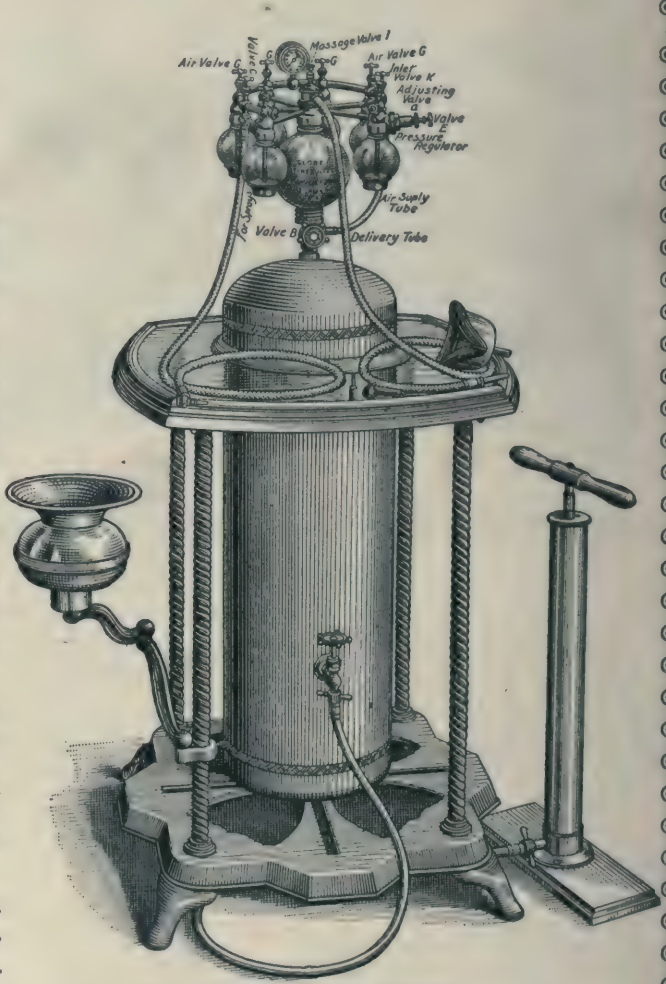

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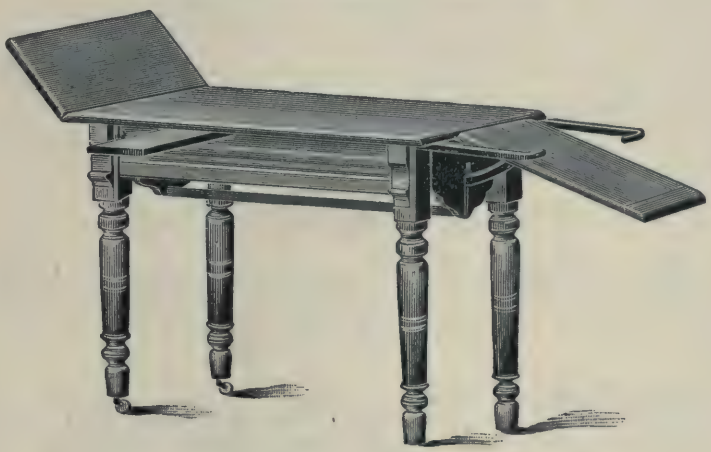

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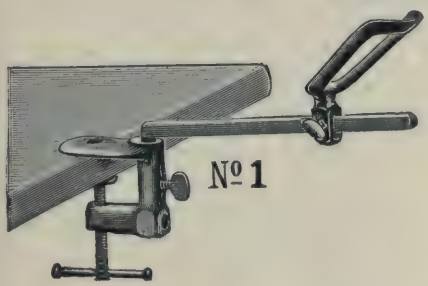

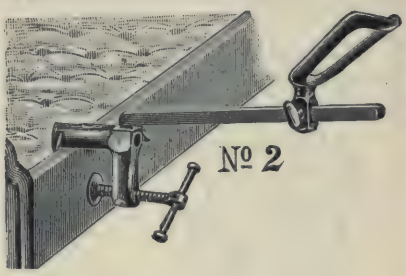

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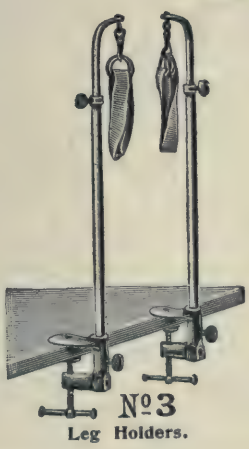

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DETROIT MEDICAL JOURNAL

ORIGINAL ARTICLES

THE EPIDEMIC OF MILD SMALL POX.*

BY GUY L. KIEFER, A. M., M. D.,
Health Officer of Detroit, Lecturer on Hygiene, Detroit College of Medicine.

Much has been said in the past few years on this subject and yet an examination of the Marine Hospital reports on the prevalence of small-pox in the United States will indicate that very much more remains to be said. These reports for the week ending March 14th, 1902, show that for the period beginning December 28th, '01, and ending March 14th, '02, a total number of 22,263 cases of small-pox has been reported in the United States, as compared with 9,406 for the corresponding period in 1901. This year the total number of deaths has been 661; last year, 136. Not only has the actual number of cases increased very much, but the proportionate number of deaths, the mortality rate, is considerably larger, being nearly 3% for the period given this year and less than 1½% for 1901. This state of facts may be accounted for in several ways; first of all because so many physicians and even health officers still insist on calling the disease by some other and, to their minds, less formidable name, as for example, Cuban itch, Cedar itch, Chicken-pox, etc. Secondly, because vaccination is not as rigidly enforced as it should be, owing to the belief of many of the less intelligent people that a "sore arm" is worse than a case of mild small-pox, and to their own selfishness and utter disregard for the welfare of their neighbors. And thirdly, perhaps, because of a faulty system of quarantine and other methods of restriction which exist, handed down to us for generations and based upon prejudice and ignorance rather than on a scientific knowledge of the propagation of small-pox.

The first named reason for the existence of so much small-pox is certainly a reflection upon the intelligence of a large number of members of the medical profession but it is nevertheless true that it exists.

During the period beginning July 1st, '01, and ending March 22nd, '02, we have had 36 cases of small-pox in Detroit, and of this number 24 contracted the disease by having been exposed to Cuban itch or Chicken-pox. Two of the cases came

*Read before the Michigan Academy of Science at Ann Arbor, March 27, '02.

from Alma, Michigan, where there has been an epidemic of what the Health Officer, in an article published in the *Medical Age,* February 10th, '02 calls Alma-pox. The patients both told me that they had seen a number of cases of Cuban itch at Alma, and that these cases went about the streets there. One of my patients had a very mild form of varioloid, but it was nevertheless typical. His illness began with a distinct chilliness, severe headache and backache, slight gastro-intestinal disturbance, and a temperature ranging from 102° to 103°. On about the fourth day of this illness a macular rash appeared, which became papular, vesicular and pustular in due time, umbilicated and dessicated. The patient was taken sick on January 18th and discharged from the hospital on February 5th. The eruption, which was limited to eleven pustules over his entire body, became pustular on the eight day. After recovery there were but two pits, the other pustules leaving only nodules and no scars. The initial symptoms as described were given me by the patient who had been treated for grippe until the eruption appeared. I mention the case in detail because it was so very mild. The other case, which was contracted at the same time and place as the one just described, was a typical case of discreet small-pox corresponding to the description of such cases given in any text-book. Mr. B. (the second case) was in the pustular stage when I was called by his attending physician. The doctor had been treating him for grippe but when the eruption was in the first stages, he was inclined, as he told me, to change the diagnosis to chicken-pox. When, a little later, the vesicles became decidedly pustular and there was no question about it, the case was referred to me.

Mr. B. was taken ill on January 16th and was attended by his wife. He was removed to the small-pox hospital on January 23rd; on January 31st Mrs. B. was taken with the disease. I have at present under treatment two cases of small-pox that were contracted from a supposed case of chicken-pox which had never been reported to this department. During the past week we have found eleven cases of small-pox among colored people in this city and all traceable to two cases that had gone about with what they supposed was "Cuban itch" and which were so mild that they had been neither diagnosed nor treated by a physician. On March 4th a local physician was called to see a patient in a boarding house. He diagnosed the case as chicken-pox, but isolated the patient as best he could. On February 23rd he called me to see another case in the same house and on February 26th another one followed. The latter two were both small-pox (varioloid) and the only source of infection that I could find was the first case which was mistaken for chicken-pox. I did not see that patient until after her recovery but she then showed two decided pits, a number of nodules and many pigmented spots where the eruption had been. It seems to me that this brief summary will bear out my statement that the continuance of small-pox in our country is due to some extent to faulty diagnosis. Why should we conclude, because these cases are mild and because the patients neither die nor become horribly disfigured for life, that the disease cannot be small-pox? Would it not be equally just to say that any case of scarlet fever which does not either prove fatal or leave the child a sufferer from Bright's disease or entirely deaf as a result of otitis media, can therefore not be scarlet fever? Or if we are to conclude that a given case cannot be small-pox because it makes a complete recovery in from two to three weeks, why then should we not logically say that any case that completes desquamation in less than four or six weeks cannot scarlet fever?

Perhaps it would also be fair to con-

clude that a case of diphtheria which recovers in from two to three days should be called by another name and I have no doubt this would be done more frequently were it not for the aid and positive diagnosis furnished by the bacteriologist in demonstrating the presence of Klebs-Loeffler bacilli. It seems to me that this result of mild forms of various diseases is a very natural consequence of the labors of hygiene and public health work and a result that we ought to expect. Is it not natural that vaccination and revaccination for a number of generations should have some effect upon the susceptibility to small-pox in the present generation, even if the particular person has himself never been vaccinated?

Now in regard to vaccination. Of the 36 cases before referred to, 17 had never been vaccinated and 14 not since their infancy; and as these were all adults the period would in each case have been at least 20 years. One was vaccinated in 1890, one in '91, one in '93, one in'99, and one case was very badly pitted, evidently from a previous attack of small-pox. There was, then, only one case besides the one who had small-pox, that had been recently vaccinated. This case (Miss H.) was the one that was contracted in a boarding house from a supposed case of chicken-pox. The doctor who attended the chicken-pox case vaccinated the Miss H's. mother and a number of other persons in the house and none of them took the disease; he did not vaccinate Miss H. because he supposed her vaccination of three years' standing would protect her, inasmuch as at that time, according to her report, she was quite ill with constitutional vaccinia. This of course only shows that she is particularly susceptible and should certainly have been vaccinated again.

Whenever we find a case of small-pox we look up all persons who have been exposed either directly or indirectly and vaccinate them. In this work we have a good opportunity of seeing how many have been recently vaccinated and it is astonishing to note the small number. A large percentage of all classes have been vaccinated during their infancy and they seem to think that is sufficient. If we could succeed in having everybody vaccinated at least once in five years, the dreaded disease, small-pox, would of course soon be eradicated. Before leaving this part of the discussion I wish to refer to the first case of these 36 which shows in a very neat manner the efficacy of vaccination. The patient, a child two years of age, had been ill six days when I was called and found a severe case of small-pox. The father worked in a large factory and consequently all of the other employes had been indirectly exposed. We offered free vaccination to the employes, about 250 in number, and they all submitted but one. Two weeks later I was called to see S. K., ill with small-pox. Upon inquiry I learned that he was the man who had refused vaccination and who quit his position rather than submit. His was the only case traceable to the child.

Having diagnosed a case as small-pox properly, how shall we prevent the spread of the disease? Upon this point there has been considerable change of opinion of late, and justly so. The method at present practiced in Detroit is as follows: We remove the patient to the small-pox hospital at once, vaccinate all inmates of the house, disinfect the rooms and their contents, including the clothing of all persons living in the house, thoroughly with formaldehyde, disinfect the persons themselves by means of a bichloride of mercury bath, paying special attention to the hair, and then open the house and do not quarantine. We then keep all persons who have been directly exposed in the house from which the patient was removed under daily observation for a period of two weeks so that any possible new cases may be promptly removed.

Besides these precautions we locate as nearly as possible all persons not living in the house who have been directly or indirectly exposed to the patient and vaccinate them and whenever it is possible disinfect their clothing. If it is not possible to remove the patient to the hospital, we isolate him as best we can at his home, quarantine the house absolutely and place guards in charge to see that the quarantine is observed. After the disease has run its course we disinfect with formaldehyde. By following out this procedure in the present epidemic we have succeeded in limiting the disease to the family in which it appeared in every instance but one and that was the case of S. K. referred to above, who had been indirectly exposed and refused to get vaccinated. Again there were but two instances where the disease spread even to members of the same family and these were the cases of Mrs. B., above referred to, who insisted on accompanying her husband to the hospital, and Mr. and Mrs. J. O. whom I quarantined at home after their brother had been removed to the hospital. I did quarantine them because the patient had been ill for nine days when I was called and the house was so small that I felt confident that they had been more than ordinarily exposed; besides Mrs. O. is the woman who had had small-pox and I considered her immune and therefore judged that I was justified in quarantining the one possible case, that of Mr. O. To my great surprise however, both man and wife came down with the disease on the thirteenth day after their brother had been removed and I now believe that if I had adhered to our rule, disinfected and not quarantined, perhaps these two persons would not have taken the disease. I may therefore say that out of the 36 cases in Detroit from July 1st, '01, to March 22nd, '02, twenty-four gave a history of exposure to chicken-pox or Cuban itch, eight came to the city with the initial symptoms of the disease and unable to account for their infection, but only four were directly traceable to our own cases. It seems to me that if the old system of quarantining the family after the removal of the infected person had been practiced we would certainly have had a great many more cases. And yet there are physicians who hold that everyone who has been exposed should be quarantined for a period of two weeks—a proposition that is not only nonsensical but almost impossible. Several times during the past few weeks I have been asked by laymen and also by physicians, "Did you remove a small-pox patient from such a place to-day?" Upon being answered in the affirmative they will ask why the house is not quarantined. I have gone into a discussion of the methods of restriction somewhat in full because I feel that a reform in this respect is necessary. The practice of quarantining empty houses—empty so far as infection is concerned—is a needless expense to the county and, in my experience, an unsafe procedure for the people, both those quarantined and those at large.

In Philadelphia there is a large epidemic of small-pox at the present time and there has recently been appointed a commission consisting of Profs. Shoemaker, Hare, Tyson, Henry and Anders, to advise with the health authorities on this subject. The commission met February 10th and considered the advisability of discontinuing the system of quarantine. It was decided to reduce the length of the period of quarantine. As soon as a case of small-pox has been sent to the Municipal Hospital and every inmate of the house vaccinated and the house thoroughly disinfected, the quarantine will be raised. The *Philadelphia Medical Journal* of February 15th, '02, has an editorial on this action in which it says among other things: "The city authorities of Philadelphia deserve some credit for taking this matter in hand for

investigation and action. The public needs education on this whole subject of quarantine: and the profession needs some too." *American Medicine,* February 15th, '02, gives the following brief editorial on the subject: "Quarantine after proper disinfection is unnecessary. This is the conclusion reached by most of the sanitary authorities. The reserve of doubt consists in the uncertainty as to what is proper and thorough disinfection. Physicians, nurses, etc., in attendance upon small-pox patients do not convey the disease to others when adequate precautions have been taken. It is even contended that an exaggeration and extention of quarantine regulations after the patient has been removed, without thorough fumigation, tends to increase the number of cases, while with perfect disinfection of the house, etc., and with plenty of fresh air and sunshine, there is no danger whatever of the multiplication of cases."

In conclusion, let me say that in considering methods of combating small-pox we must remember the words of that grand old man in clinical medicine, Gerhardt, "Erst untersuchen, dann urtheilen, dann helfen."

Practical Advice.—Dr. William M. Polk, in an article on "Specialization," says: "Facts are stubborn things and the sooner faced, accepted and acted upon, the quicker the victory. In the face of present surgical perfections, it is truer than ever before that no great and worthy success can be reached in any of the departments of surgery by any one deficient in a thorough knowledge of its principles, and the one who first studied these principles as exemplified in practical surgery in general, and then as exemplified in the region or regions he intends to specialize, will make the best specialist. With a foundation, the greater the opportunity for special study, the higher the perfection."

ANÆMIA.*

BY DR. C. E. BOYNTON,
Los Banos, Cal.

The color of the lips and the gums of every patient coming to us for treatment should always be carefully noted, and we should be particularly on the look-out for anæmia both before and after the birth of the child.

I mave laid down these rules for myself to follow in the treatment of an anæmic or weak mother who consults me;

1st. To correct vomiting, if that is present. Cerium Oxalate in the No. 3 tablet form every one to three hours usually succeeds admirably in controlling the nausea.

2nd. To hit the anæmia directly I prescribe—℞ Iron Citrate (triturated) Calcium hypophosphite aaʒi. Sig. About 15 grains dry on the tongue and swallowed with a drink of water before meals.

3rd. Autointoxication may require the sulphocarbolates. A drop of HNO^3 (Nitric acid) added to a solution of Sodium sulph. materially improves its taste.

4th. The well-known tablet of Aloin, 1-10 gr.; Bell. Ext., 1-10 gr.; Podoph. Ext., 1-10 gr.; and Nux. Vom. Ext., 1-10 gr., t. i. d. will correct nearly any factor of constipation in the case.

5th. A glass of milk two or three times a day, fresh from the cow, will add decidedly to the improvement of the case. And if the patient can be prevailed upon to swallow three to twelve eggs raw every day medical services will very shortly be less in demand for this patient.

Sometimes the liver fails to perform its functions; in that case I prescribe Sodium Phosphate ʒij before breakfast and oftenerif required. This will soon clear the complexion and correct the depression, melancholy, etc., not to mention the formication and perverted appetites.

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*Written for the Detroit Medical Journal.

PHTHISIS-THERAPY IN SOUTHERN NEW MEXICO.

With Particular Reference to the Government Sanitarium at Fort Bayard and the St. Joseph's Sanitarium at Silver City.*

BY EARL S. BULLOCK, M.D.,
Medical Director of St. Joseph's Sanitarium, Silver City, N. M.

There is no difference of opinion among authorities as to the proper method of treatment of pulmonary tuberculosis. All unite in laudation of the Brehmer principles—rest in the open air and forced nitrogenous feeding. The careful application of this method has revolutionized all previous thought on this subject, and, regardless of climate, has given truly remarkable results, particularly in early stage cases. In Edinburgh, with its cold, damp atmosphere, on the coast of Maine, in the Adirondacks, in fact in almost every sort of climate, good, bad and indifferent, the pulmonary invalid is being restored to health. Doctor Brehmer blazed the path and all follow his lead.

That the influence of a favorable climate is next in importance to proper management is also an admitted fact. Before Brehmer proved the correctness of his principles, pulmonary invalids were being restored to health in the bracing, we might well say life-giving atmosphere of the arid mountains and high plateaus of our western states—and that without reference to proper management; for, in fact, every principle of correct living was and still is violated by the average health-seeker It would then, naturally be expected that careful management in a favorable climate would give hitherto unsurpassed results, and that this expectation was a reasonable one has been proved by the results obtained at the government sanitarium at Fort Bayard, N. M. At this institution a rigid enforcement of the principles of Brehmer, in an ideal climate, has substantiated the claim of both proper management and a favorable climate environment.

With reference to phthisis-therapy, the climate of the Silver City region is perfect. Such average conditions of weather and temperature prevail that patients can be comfortably kept out-of-doors all the year round. With an altitude of 6,000 feet and an atmosphere almost absolutely dry the influence of latitudes is so modified that our summers are cool and delightful. In the shade it is never too warm for perfect comfort. A cooling breeze is never absent. Sunstroke and heat prostration are unknown. Evaporation is so rapid in high dry regions like this that visible perspiration does not occur. Water is cooled for drinking without the use of ice by simply placing a wet cloth around the container. With the latitude that of Savannah, Ga., and an atmosphere so clear that practically no obstruction is offered to the sun's rays, the actual sun temperature is often very high, even in winter. I have seen the thermometer register 104° F. in the sun at Christmas time. The cool delightful summer is, then, the result of altitude and intense dryness. It is, of course, well known that the air's capacity for retaining heat is directly proportionate to the amount of moisture it contains. One may then understand why, when the influence of the sun is removed in a dry region like this, or in the shade, it is always cool. So, it follows, that in summer, to have our patients cool we place them in the shade and during the winter they can be left warm in the sun.

As might be inferred, our winter days are always warm. A freezing temperature is unknown in the day time, although at night the thermometer often falls to 20° F. There is, then, a very great difference between night and day temperatures the year around. It is a great mistake, but one that is often made, to describe the climate as equable; a range of 40° in 24 hours is by no means uncom-

*Written for the Detroit Medical Journal.

mon. As is common to dry countries generally, the nights are always cold and even in summer a blanket is a congenial covering.

On account of the intense dryness the country is barren, almost desert. With the exception of a few stunted trees, cacti, and hardy native grass, nothing grows without irrigation and, as water is scarce, irrigation is possible only on a very small scale.

Wind-storms, especially during March and April, are characteristic of the high plateaus of the western states, and when the country is flat, as at El Paso, Texas, and Dunning and Albuquerque, N. M., they become dust-storms which, if not positively detrimental, are very annoying to the pulmonary invalid. Among the mountains, as at Silver City, the force of the wind is broken and dust-storms are practically unknown. This brings me to a point that I would like to emphasize: There is hardly a day in the year that is not favorable to the pulmonary invalid.

During July and August, an afternoon shower is common, though occasionally we experience a year when it forgets to rain altogether. Several times during the misnamed rainy season a torrential rain occurs, which, however, rarely continues more than 15 or 20 minutes. Such rains fill the gorges and usually dry creek-beds with rushing water. So steep is the country, however, that within an hour one can cross them without wetting his feet, so rapid is the fall. In brief, the climatic statistics of the Silver City region are as follows: Mean annual temperature, 54° F.; relative humidity, 46; absolute humidity, 1.71 grains; rainfall, 12.3 inches; cloudy days, 37.

The government sanitarium, which was established two and one-half years ago, is at Fort Bayard, among the hills and mountains nine miles from Silver City. Fort Bayard was a military post until it was transferred to the Medical department of the army and for years it has been known in army circles as the most healthful of military stations. By putting it in good repair, introducing modern plumbing, etc., it was easily converted into a very acceptable sanitarium. It is built around a plaza or parade-ground about 400 feet square, the officers' quarters being on the west side, quarters for the ambulant patients in the old barracks on the east, and the north and south sides are occupied by executive buildings, storehouses, etc. The old post hospital accomodates patients with advanced diseases. The principle of Brehmer is the therapeutic key-note of the institution. Medication is strictly symptomatic and tonic. No attempt at any so-called specific medications is made. The patients are practically in the open air all the time; for even in the barracks the windows are never closed. The patients are supplied with an abundance of plain good food, features of which are eggs, milk and red meat. The patients expectorate into portable paper boxes, which, with their contents, are burned as often as necessary.

Experience at this institution has proven that pulmonary tuberculosis, in a favorable climate, is curable in a much greater proportion of cases and in later stages than has hitherto been known.

Two years' experience at the government sanitarium as pathologist and diagnostician has so impressed me with the value of the Brehmer method in an ideal climate that I have succeeded in establishing with the co-operation of the Sisters of Mercy an institution here at Silver City devoted to this line of work. Unlike the institution at Fort Bayard, however, which is under the command of a medical officer and is solely for officers and enlisted men of the army, the management here has been placed wholly in the hands of an advisory board, composed of specialists. This advisory board was formed not only to prevent over-enthusiasm on the part of the individual phthi-

sis-therapist but to safeguard the scientific future of the institution.

The building itself has been especially designed to meet the requirements of a modern sanitarium for tuberculosis patients. It is built around a court, in the old California mission style and, being but one room high and one room thick, with porches outside and inside upon which each room opens by means of French windows, it is really like a succession of cottages. The fort, an old building, is used for patients requiring more distinctly hospital treatment. The dining-room, kitchen and the research laboratory are provided for in separate buildings. As soon as practicable a series of cottages will be constructed for the accommodation of patients accompanied by one or more members of their family.

A second, or daughter institution, has been planned, where patients will be treated who are able to pay but a nominal sum. For the success of this, a liberal endowment is necessary and as yet it is a part of the future.

The sanitarium itself is situated on the hills above Silver City, and is protected by a series of foot-hills which rise from 300 to 500 feet above the buildings of the institution. Silver City is one of the few towns which still to a limited extent typifies the old Southwest and the hard-riding ranchero with cartridge belt and Colt's 45 still pounds through the streets. It has, however, a public water system, electric lights, schools and churches and in fact the usual quota of modern conveniences. Of a population of about 3,000 people, about one-third are Mexicans. The clear atmosphere and the golden sunshine of the Southwest now, as ever, beckon the sufferer with the terrible white plague and give him a prospect of renewed health. For the establishment of this institution and the scientific formulation of its claim, the government sanitarium at Fort Bayard should receive the thanks.

Silver City, N. M.

Sec. Root and Army Morals.—In its editorial columns the *Philadelphia Medical Journal* makes the following comment:—In a general order just issued to the Army, Secretary Root takes high moral ground. He points out the fact that the only way to avoid the effects of intemperance and sexual vice is to avoid those vices. This is a cardinal doctrine, which has long been recognized, and the tone of the Secretary's order, in which this doctrine is promulgated, is wholesome and inspiring. As a practical administrator as well as a practical moralist, however, the Secretary of War is probably not oblivious to the fact that the preaching of this doctrine has never yet abolished vice either in the army, or in the world at large, but he has probably reflected that he is in duty bound to give the army the benefit of it. For this he is to be highly commended.

There is at least one suggestion in Secretary Root's order that is worthy very serious consideration. This suggestion is not so much expressed as implied. We refer to the plan of instructing young men in the army about the frightful risks they run when they indulge in sexual vice.

In other words, let the appeal be made to their sense of self-preservation and their fear of physical consequences. The thought and the sight of loathsome diseases—such as gonorrhœa and syphilis—are not lost on all young men. We know of plenty of them (especially medical students) who could truthfully bear testimony to the restraining influence which the fear of these diseases inspires in them. Let the surgeons and officers in the United States Army take a little pains to enlighten the ignorance of the soldiers on the action of the gonococcus and of the syphilitic virus. A kindergarten, in which the effects of vice were taught by object-lessons, might not be an impracticable thing in the army as well as out of it. The attempt to restrain all men by mere moral precept has always failed. The United States Army is not likely to be suddenly turned into a moral Utopia. But that its morals could be somewhat purified by a glimpse now and then of the frightful spectre of venereal disease, is possible.

GONORRHŒAL RHEUMATISM.*

BY J. DOUGLAS WESTERVELT, M. D.
Shreveport, La.

The etiology of this disease has for many years given rise to much discussion without adding any reliable information on the subject under investigation.

The disease is recognized by many able writers as a toxemic effect of the gonococcus upon the general system, either by its presence in the circulation or that of the toxins of this micro-organism. They maintain that the specific urethritis is the local manifestation of the micro-organism, and that the accompanying arthritis is a localized product of a general infection. They go as far as to claim that the synovitis is in no way related to rheumatism, and even discard the name under which the disease is generally known, calling it gonorrhœal arthritis instead of gonorrhœal rheumatism. The reasons set forth for such views are, that the articular inflamation concurring with gonorrhœal urethritis is different from that of ordinary rheumatism. These writers seem to ignore what is universally conceded, that the clinical features of a mixed disease are entirely different from the typical features of the diseases forming the complication. The fact that an articular inflammation associated with gonorrhœa is dissimilar from an ordinary synovitis, furnishes no grounds for believing that these conditions have no inter-relation. It is claimed by these authorities that gonorrhœal urethritis causes the articular disease and yet they cannot explain its mode of action in producing the two forms of inflammation. If the pyæmic theory is accepted, why are the joints alone involved? Why are not other tissues invaded? Why is the arthritis sometimes non-articular and sometimes polyarticular? Why should the large joints be more liable than the small joints, and why is the knee-joint so much more frequently involved than the others? A general pyæmic infection should not be so restricted in its operation. It is claimed in behalf of the pyæmic theory, that gonorrhœal arthritis does not require for its production the usual exciting causes which invite rheumatic attacks, but can any one name any special exciting causes which invariably give rise to an attack of rheumatism? Gonorrhœal rheumatism occurs most frequently in the early part of middle life; so does rheumatism. It occurs more frequently in males than females; this is also the case with rheumatism. Gonorrhœal rheumatism occurs in only about 3% of gonorrhœal cases. If the gonococci or their toxins provoke the articular rheumatism it seems strange that they do so in only one or two cases in a hundred of gonorrhœal urethritis. According to the testimony of many trustworthy observers, the same forms of articular inflammation have been known to accompany urethritis not produced by the gonococcus. This weakens the theory of pyæmic infection and strengthens the contention by many writers of concurrent rheumatic disease, as a dominating factor.

Furthermore, it is very rare to find pyæmia or septicæmia resulting from inflammation of mucous membranes, and if it should, other contiguous structures would be likely to suffer as well as the joints.

Is it possible that gonorrhœal pyæmia will produce gonorrhœal rheumatism, and at the same time never cause pyæmic disease in any neighboring tissues or organs? It is true that the pyæmic theory is now more generally accepted than any other, but the clinical evidence upon which it rests will not bear a critical examination. It would seem, in the absence of any positive evidence to support the theory of pyæmia that accidental rheumatism as an intercurrent complication would be a logical inference in the determination of factors in gonorrhœal arthritis. There

*Written for the Detroit Medical Journal.

is much more evidence in favor of this theory than that of pyæmia, but the tendency of most writers to reason from the standpoint of an unwarrantable bias, leads them to ignore every argument which refutes the theory of gonorrhœal inflammation. They claim that the gonococcus has been found in these inflammatory lesions, but they overlook the fact that in the majority of cases it has not been found, and furthermore its presence does not prove it causes the lesion. The writer does not claim that all cases of arthritis in gonorrhœal disease are rheumatic nor that the gonococcus never exerts any provocative influence over the arthritic inflammation. The main contention of this paper is that the variegated clinical history of rheumatism shows that it is a potent factor in many localized lesions, and there is no justification in a sweeping denial of its relationship to gonorrhœal arthritis.

The symptoms of gonorrhœal rheumatism during the course of gonorrhœal urethritis are, a sense of uneasiness, aching, stiffness or lancinating pain in one or several of the joints. The knee is oftener involved than any other articulation, especially the left knee. Other joints may become consecutively or simultaneously involved. The articular inflammation usually develops in the later stages of gonorrhœa, and often after the urethral discharge has almost entirely ceased. The articular symptoms arise gradually without any alteration in the external appearance of the joint. As long as the affected part is at rest there is not apt to be much pain, but the least movement provokes it at once. The inflammatory process is of a sub-acute type and it never announces its advent with a chill as generally happens in pyæmic attacks. When the inflammatory attack reaches its culminating point the joint may become distended and give rise to considerable effusion. The articular inflammation may run an indefinite course and last weeks or months. In these cases if the effusion is of a fibrinous character, ankylosis may result. In the treatment of this disease we must not lose sight of the fact that we have to deal with a mixed form of disease. We have the gonorrhœal element confronting us, and we also probably have a rheumatic element to claim our attention. Besides these conditions we may also be required to treat the general health of the patient. If there is a urethral discharge it must be treated; if there is a rheumatic condition it must be treated. If there is an impaired state of the health, this also must engage our attention. The local treatment of the articular inflammation will not differ materially from that of any other inflammation of the joints. We must allay inflammation, stimulate absorption of effusions and restore normal functions of the articulation. There are many methods of accomplishing these objects. For the urethritis we may resort to instillations of permanganate of potash, with the internal administration of cordial of cod liver oil compound (Hagee) with five grains of iodide of potassium to each tablespoonful of this preparation—a tablespoonful to be given four times a day after meals and at bed time. The iodide of potassium may be increased or diminished according to the requirements of the particular case. This disease with its painful accompaniments has a depressing effect on the vital processes, and rapidly impairs nutrition. The iodide of potassium removes the cause of the pains by its eliminating properties, and the cordial of codliver oil compound improves nutrition, tones up the nervous system and, by regulating the kidneys, allays the acridity of the urine. With such a constitutional corrective and suitable diet, and mild antiseptic injections or irrigations this disease is readily subdued. Besides the general restorative action of the above remedy, it directly increases secretion and excretion of urine and uric acid, and renders the urine less irritating to the inflamed

mucous membrane of the urethra. This preparation is therefore intended to meet both the rheumatic and gonorrhœal conditions of this troublesome disease.

It is palatable and efficient in the doses named, a tablespoonful after each meal and at bed time being the average quantity required for successful results.

Shreveport, La.

(Has Dr. Westervelt tried using Icthyol in the case of a knee joint affected as the result of gonorrhœal rheumatism? If not, he will find its action of great benefit in cases of that kind.—Ed.)

The Doctor's Dream.—

Last evening I was talking
With a doctor, aged and gray,
Who told me of a dream he had,
I think 'twas Christmas day.

While snoozing in his office,
The vision came to view,
For he saw an angel enter,
Dressed in garments white and new.

Said the angel, "I'm from heaven;
The Lord just sent me down,
To bring you up to glory,
To wear your golden crown.

"You've been a friend to everyone,
And worked hard, night and day;
You have doctored many thousands,
And from few received your pay.

"So we want you up in glory,
For you have labored hard,
And the good Lord is preparing
Your eternal, just reward."

Then the angel and the doctor
Started up toward glory's gate,
But when passing close to hades,
The angel murmured, "Wait."

"I have here a place to show you;
It's the hottest place in hell,
Where the ones who never paid you
In torment always dwell."

And, behold, the doctor saw there
His old patients by the score,
And taking up a chair and fan,
He wished for nothing more.

But was bound to sit and watch them,
As they sizzle, singe and burn,
And his eyes would rest on debtors
Whichever way they'd turn.

Said the angel, "Come on, doctor,
There the pearly gates I see;"
But the doctor only muttered,
"This is good enough for me!"

He refused to go on further,
But preferred to sit and gaze
At that crowd of rank old dead-heads,
As they lay there in the blaze.

But just then the doctor's office clock
Cuckooed the hour of seven,
And he awoke to find himself
In neither hell or heaven.

—(Dr. G. A. Moore, Dunlop, Mo., in *Medical Herald.*)

A New Decalogue.—Dr. G. E. Potter, of Newark, N. J., writes the following in an exchange:

1. Thou shalt remove surplus rugs, furniture, etc., and make ample room for your work.

2. Thou shalt maintain perfect ventilation without draughts.

3. Thou shalt keep the patient clean and quiet.

4. Thou shalt foresee the needs of your patients, don't let them ask for everything.

5. Thou shalt promptly remove and burn all sputum and thoroughly disinfect all culinary utensils and vessels used by the patient.

6. Thou shalt restrict visiting, loud talking, and above all whispering in the sick chamber.

7. Thou shalt not ask the sick what they want to eat; rather say, "I have prepared something dainty, and I want you to eat it."

8. Thou shalt not annoy the sick by telling your troubles, sad experiences, and *all* you know.

9. Thou shalt let the sun shine and try to be a sunbeam yourself.

10. Thou shalt remember that the tenth commandment is to mind your own business, follow directions faithfully, cheerfully and promptly, and the sick will arise and call you blessed."

Tyratol.—The name given to thymol carbonate produced by the action of phosphene upon sodium thymolate. It occurs as a white, crystalline powder, of neutral reaction, and having a slight odor of thymol. The dose is two grammes, three or four times daily. In children 0.5 to 1 gramme. The results are best with tapeworms.—(*Pharm. Zeitung*).

Were They Doctors?

Two men set out on life's highway
To reach a certain place,
And one was "slow but sure," and
One went a lively pace.

The man who rushed with all his might
Along the rocky way
Soon left his friend behind, but fell
Beside the road one day.

The other, who was "slow but sure,"
Kept plodding on and on,
And reached the end at last to find
That what he sought—was gone.

—(S. E. Kiser, in *Cleveland Leader.*)

DETROIT MEDICAL JOURNAL

A CONCISE MONTHLY
EPITOME OF PRACTICE AND THERAPEUTICS.

WALTER C. BOYNTON, Manager.

—ISSUED BY—

THE DETROIT MEDICAL JOURNAL CO.,

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DETROIT, MICH., APRIL, 1902.

ONE YEAR OLD.

With this issue the JOURNAL assumes a new form, which we trust will be more acceptable to its readers than the old one, owing to greater ease in reading. The new cover design has been adopted because we want every doctor who picks up the magazine to see what the name of the publication is, what it contains and who the contributors are. We have been trying for twelve months now to make the JOURNAL interesting and valuable to its readers. Some changes have been made from time to time, with a view to bettering the publication. Sincere criticism is always welcome and we would like to hear from you any suggestion that has for its aim the improvement of the JOURNAL and the extending of its sphere of usefulness. Beginning with this number, all the reading matter, except some poetical effusions, is set in large type. We believe that to the modern practitioner the subject of book reviews is one of some importance. We have therefore had them set in type that can be most easily read.

Our reception at the hands of the profession has been most kind and we desire herewith to extend our grateful thanks to those who have supported us. There have been those who said at the outset that a medical magazine founded on the lines of the DETROIT MEDICAL JOURNAL could not be successfully carried on; but a year's experience has given us ground to believe that they were mistaken. We try to have everything in the sixty-four pages reliable and furnished by reputable people, in whose statements the profession may have the utmost confidence. We cannot be responsible for the views maintained by our contributors and our columns are at all times open to any reasonable refutation of statements made in the publication.

And now a word about subscriptions. With this issue, many of the subscriptions run out and we want to take this opportunity to call the attention of the readers of the JOURNAL to this fact. If you have been satisfied with the kind of magazine we are publishing, send us another year's subscription and we shall do our best to make you even better satisfied with it in the future. We are only a year old, but we are growing steadily and we feel that we have gained the support of many who at the outset did not look with much interest on our existence. We want to have everyone read the JOURNAL. Send on your subscriptions.

THE PHYSICIAN AND THE HEALTH DEPARTMENT.

The article by Dr. Guy L. Kiefer, published in this issue of the *Detroit Medical Journal,* seems to indicate that there is less of a hearty co-operation between the members of the profession in Detroit and the city health board than there should be to secure the best results. The doctor's figures, showing that out of 36 cases of small-pox in Detroit 24 gave a history of exposure to some disease resembling small-pox but called by some other and more attractive name is prima facie evidence that diagnosis in general is too lenient.

Apparently all that the health officer wants is to have the physician call a spade a spade and lean to the side of inconveniencing a patient who may be free from small-pox rather than to run the risk, in doubtful cases, of having a patient with real small-pox permitted to prac-

tically roam at large. Every physician, by the nature of his profession, is a guardian of the public health; and not only his patients but the citizens of the community as well have a right to demand a heavy reckoning at his hands if he has needlessly exposed anyone to danger from communicable disease. It is no doubt a serious matter for anyone to be quarantined; but it is a more serious matter, and one that affects many more people, to have a man who ought to be isolated permitted to enjoy his liberty at the expense of others' safety.

Students of social conditions and those who have interested themselves in just such questions as the one under discussion, say that it would be the right thing for the city to pay a wage-earner who is forcibly quarantined with a dangerous disease at least some portion of his regular stipend, to the end that he might accept quarantine with a better grace and maintain it more religiously than he does under the present circumstances. No one can blame the day laborer for not wanting to have himself shut away from his work for some time, to comply with a regulation whose value he does not understand. And it is very probable that a physician, called in to see a man who is the sole support of a family will hesitate to deprive him of his liberty unless he is positive that it is absolutely necessary. Absolute diagnosis in the early stages of any disease is naturally a matter that cannot be settled out of hand. And many a man will go on with his work in a crowded factory as long as he is able to stagger about.

An objection which is very promptly raised by opponents of this idea, and with some justice, it must be admitted, is that such a plan would be an irresistible temptation to a man to "soldier," with a view to getting something out of the city. This would require the connivance of the physician, however, and we are not ready to believe that Detroit practitioners would lend themselves to such a plan. Another objection is that such a plan, even if carried out only in the cases the provision would be made to cover, would cost a good deal of money. While this is undoubtedly true, is seems that there could be few better directions in which money could be spent by the municipality than in protecting the health of its citizens. The plan proposed would unquestionably serve to make quarantine more easy and more absolute. And there is some merit in it.

While we do not know that Dr. Kiefer has ever expressed himself as being in favor of such a procedure, he is certainly desirous of securing all the assistance he can from the physicians located in Detroit. In the absence of some such relief as has been suggested, it is the duty of every practitioner to extend to the health department all the aid he possibly can in locating and isolating cases of diseases like small-pox.

RUNNERS AT MT. CLEMENS.

For a long time the physicians at Mt. Clemens, or at least a portion of them, have viewed with growing alarm the proportions assumed by the evil of employing runners to secure patients. It is a fact that is too well known to admit of much dispute that some practitioners at the Bath City make a practice of employing agents to procure patients for them. This method of getting business is not new, but even in the long time it has existed, since the days of Greece and Rome, it has never enjoyed an enviable reputation among right-thinking men and women. The agents employed in this occupation of securing business have not always been known as runners, but have been more commonly called by a name which is considered as expressing the greatest contempt.

The conditions against which complaint is now being made at Mt. Clemens have existed for a very long time, but that

is little excuse for their continuance. Some physicians of good repute make use of runners for securing patients, but that does not stamp the practice as reputable. Physicians in a town like Mt. Clemens have always to meet rather keen and sometimes unscrupulous competition and factions are almost always present at the baths, both in America and Europe. Several physicians of Mt. Clemens have formed a society which has for one of its objects the suppression of the runners, whom they regard as a nuisance. Public sentiment in the Bath Town seems to be largely with the society, many of the hotel men feeling that the existence of runners is detrimental to their business.

Nineteen physicians have signed cards which are hung up in several prominent places in Mt. Clemens, warning people against listening to the persuasions of runners, and stating specifically that no practitioner whose name is signed to the card will pay any person to secure patronage for him. This is one way of going after the difficulty and it will be interesting to see what the results are.

EDITORIAL NOTES

Following the custom prevailing at several eastern hospitals, twenty-one of the house physicians of Harper, including the veteran and the active corps, met on April 3 and formed the Association of House Physicians of Harper Hospital. Dr. F. R. MacClure, senior house physician, called the meeting and presided at the preliminaries, afterwards yielding his place to Dr. H. O. Walker, first house physician after the civil board of trustees assumed management of the institution in 1865. The following officers were elected: President, Dr. H. O. Walker; First-president, Dr. H. W. Longyear; Second-vice-president, Dr. J. K. Gailey; Third vice-president, Dr. F. W. Robbins; Secretary, Dr. F. R. MacClure; Treasurer, Dr. R. T. Mason. The executive committee will consist of the president, the three vice-presidents and the secretary. Drs. McLean, Longyear, Robbins, Lowrie and MacClure form the committee on constitution and by-laws. The object of the association is to promote the interests of the hospital, co-operate with the board of trustees and advance sociability among the members of the associtaion.

The sum of $100 has already been raised for the memorial tablet to be erected to the memory of the late Dr. W. R. Haynes, a house physician of Harper who died as the result of septicæmia contracted in the course of his hospital duties. A committee of house physicians was appointed to confer with the trustees on the subject of naming a room in the new operating building after Dr. Haynes. If this is done, the tablet will be placed in the Haynes room.

Dr. Kiefer, in a recent public communication, called the attention of the citizens of the city to the fact that the alleys of the city were in an extremely unsanitary condition. The worst feature of his statement, which was entirely true, is the fact that no provision is made by the city government for keeping the alleys in proper condition as regards cleanliness. Ashes are removed from the alleys by the Department of Works, but there their duty ends—and ashes are not the worst breeders of disease that we have in our alleys, particularly in the summer months, when decomposition is rapid and exposure to disease on the part of the public is frequent. It is difficult to say just what can be done, with the departmental finances in their present condition. But something certainly should be done and that speedily, in order to avoid risk of great danger.

The evil effects of patent medicine were shown up at the last meeting of the health board, when Commissioner Kennedy called the attention of the board to a remedy which is being advertised largely, with the claim that it not only prevents scarlet fever but cures it in from one to two days after it has been contracted owing to a foolish neglect on the part of the patient to dose himself with the soverign remedy. Some of the poorer classes, it is alleged, are taking this remedy instead of calling a physician, with the result that cases are not reported to the Health department. Something might be done toward making the advertiser of the nostrum suffer for advertising an impossibiltty. They have laws elsewhere which forbid advertisements of the class in question. Why not in America?

A recent order of the postal department, the result of long-continued effort on the part of Assistant Postmaster-General Madden, has resulted in difficulties for our esteemed contemporary, *Leonard's Illustrated Medical Journal.* Dr. Leonard, by way of slight retaliation, has announced his intention of becoming a Democrat, after a life-long adherence to Republican principles. His announcement has been the cause of some sarcastic comment on the part of the Detroit papers, most of which suggest that the threatened retaliation is inadequate to the wrong suffered.

West Bay City is also reported as suffering from an epidemic of small-pox, a large number of cases having made their appearance. The health officer of the city makes the claim that the prevalence of the disease is largely due to the negligence of patients, who not only do not report the case to the Health Department but do not even call a physician. He threatens offenders against the ordinance with fine or imprisonment—the latter presumably after the patient has recovered from the disease.

In the March number of the DETROIT MEDICAL JOURNAL appeared a cut and a brief description of a saline apparatus, quoted at $1.25. This price referred only to the saline solution apparatus and not to the transfusion set, which was also illustrated in small form with the larger device. This explanation is made in view of the orders received for the transfusion apparatus in connection with that for the administration of the saline solution.

April 10 to April 12 was set as the date for the seventh annual meeting of the Western Ophthalmologic and Oto-Laryngologic Association and the meeting was held at the Auditorium Hotel. Before the meeting the society numbered about 150 members, but a large increase in members was made as the result of the meeting. A large number of manufacturers whose products were of interest to the members were exhibitors at the meeting.

The 1902 meeting of the American Medical Association will be held at Saratoga Springs, N. Y., from June 10 to June 13. The city is admirably adapted for the holding of large conventions, being well equipped with hotels and boarding-houses and having a convention hall with a seating capacity of 7,000.

A report of the meeting of the Central Michigan Medical society has been received, too late for extended mention in this issue. The society has a membership of forty and the following officers were elected for the year: President, S. H. Culver M. D., of Mason; Vice-President, H. O. Hage, M. D., of Lan-Ballard, M. D., of Lansing.

New Instruments & Devices

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

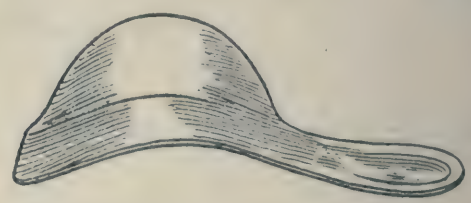
ELECTRO-MECHANICAL MASSAGE OUTFIT.

Massage has so long been recognized as a beneficial treatment in many bodily ills that it is scarcely needful to dilate on its usefulness. What the modern practitioner wants is some means of massage that shall be com-

plete and sufficiently vigorous, while at the same time it does not entail too much fatigue on the operator. In many cases, massage by a physician, who knows anatomy thoroughly, would be of inestimable benefit beside the rubbing of a stronger but less scientific man. But the trouble has been that the physician became too easily fatigued. Mechanical inventive genius came to his rescue with numerous vibrating devices, having electricity as their motive power. The one in question is one of the best of this class of devices. It weighs only three pounds and can conveniently be held in the hand of the physician, while it administers over 5,000 strokes a minute. A flexible connecting cord permits of connection to any electric lamp socket, doing away with the carrying about of any heavy apparatus. No intervening rheostat is necessary. The different massage implements fit into a chuck at one end of the device. For the complete outfit, including a finished oak case and five massage attachments, the price is $50; this is for a 110 volt direct current. For a 220 volt direct current, $10 additional is asked.

ARCH SUPPORTS.

Many patients suffer from a flattened foot, due to an extension of the tendons which ordinarily support the arch, and this case is often diagnosed as rheumatism of the feet. It is a simple matter to correct this difficulty without pain to the patient, by the use of arch supports, but the trouble has been up to now that the supports made have always cracked un-

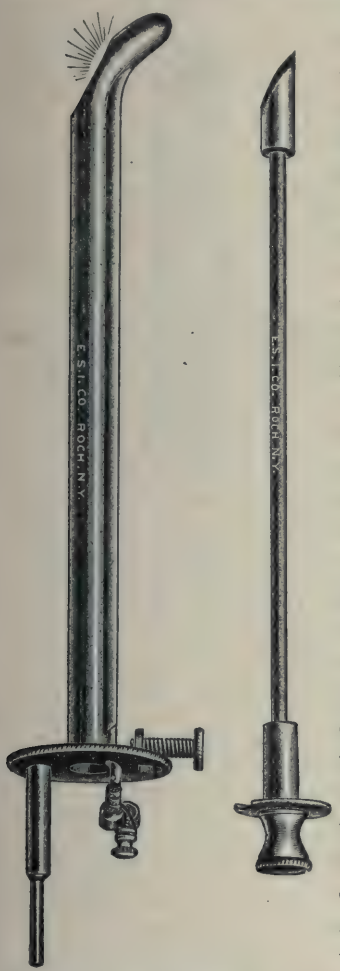


der the nickel-plate as the result of corrosion from the moisture of the feet. The illustration shows an arch support which possesses many advantages over similar devices. To begin with, it is short and allows free movement of the foot and particularly the front portion of it. Then it is hammered out of cold metal that is absolutely non-corrosive, insuring its remaining in the same shape as it is first made in. Steel supports corrode and

crack inside of three months, losing their shape and letting the strain of the weight come on the tendons again. These arch supports retail at $3.00 apiece or $5.00 a pair and are made from a plaster cast of the foot.

SWINBURNE URETHROSCOPE.

This device for the examination of the posterior urethra and its vicinity consists of a catheter-shaped conical tube, 15 centimeters long, with an auxiliary tube on the concave side of the beak. In the tube is carried a small lamp - carrier, with a brilliant little light, which is claimed by the manufacturers to be heatless. Owing to the shape of the tube, the instrument is easy of introduction and complete examination is possible. An additional convenience is the presence of an obturator with the straight endoscopic tube, which fits in the interior orifice of the urethra and thus prevents the trickling of urine. The light being in an inside tube is entirely out of the way of any manipulation for cleansing the tissues. The endoscopic tube is provided with a spur on which a megaloscope may be carried, magnifying the visual field approximately sixteen diameters. This megaloscope has been so constructed as to focus at from 8 to 24 centimeters, permitting its use in cystoscopes also, male and female. The price of the urethroscope is $15.00 and that of the megaloscope $5.50.



NEW CATHETER.

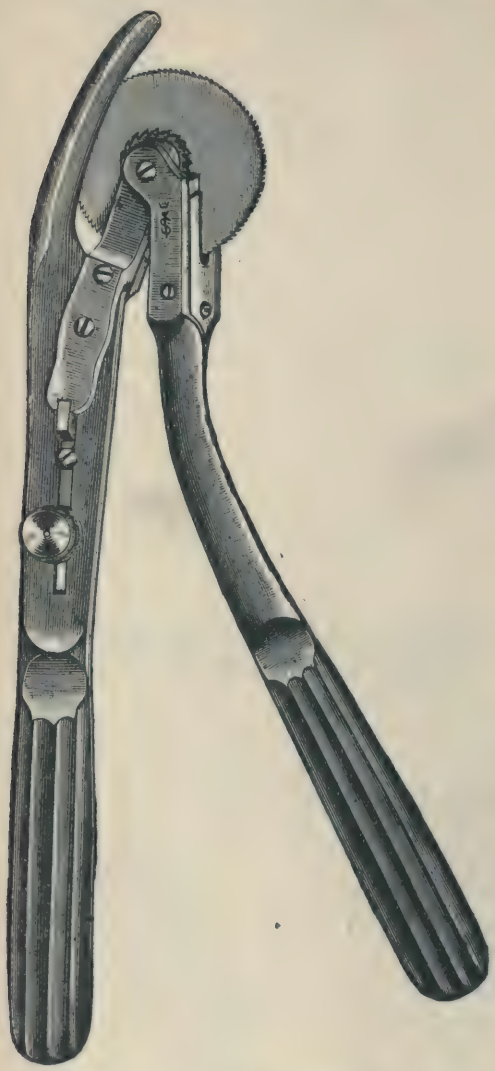
A new form of catheter, designed to take the place of soft rubber goods and also as a change from the woven cotton and silk goods has been put on the market. It is made of a new compound, which looks like black rubber and is firm and solid, much more acceptable than the old pattern, and it readily recommends itself to the profession. The solid nature of the material admits of a greater

interior diameter than is possible in the case of soft rubber goods. The disadvantages of having the catheter kink or double upon itself when it is inserted are absolutely done away with and the return of the stomach or bladder contents is greatly facilitated by the large lumen of the catheter or tubes. The catheters run from size 6 to size 9, English scale, and they retail to the profession at 35 cents.

PLASTER OF PARIS SAW.

Many a physician who makes use of a plaster cast to secure an injured member is sometimes put to it to get the cast off again without injuring the skin of the patient. The instrument illustrated herewith solves the difficulty completely. A fine-toothed saw, operated by a ratchet and a lever handle, cuts through the plaster without difficulty, while a projecting lip on the opposite handle renders injury to the patient impossible. It is sure and safe, fulfilling the chief requisites of an

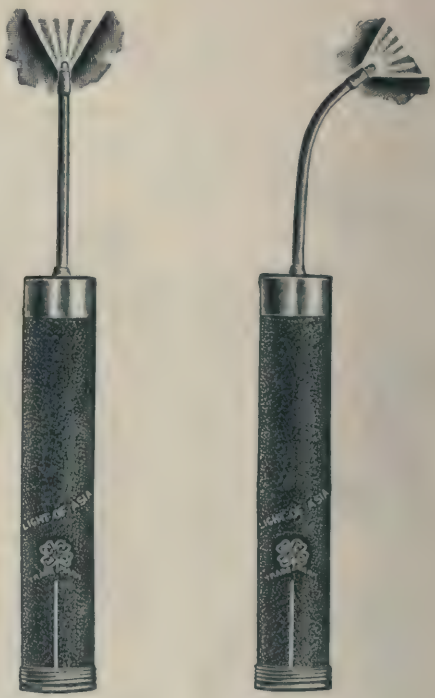
instrument of this nature. It is a most



useful device, retailing to the profession at $9.00.

FLEXIBLE ILLUMINATED PROBES.

Eery physician and surgeon has at some time had occasion to make an examination of some cavity of the human body in which it was difficult to see what he was about. This difficulty is done away with by the instrument illustrated herewith, which throws a surprisingly strong light just where it is needed. The device consists of a flexible probe, bearing a small electric lamp at its tip and set into a handle in which is stored the energy for illuminating purposes. The probes are easily bent into any required shape and are easily straightened again without damage to the instrument. The pressure of a button in the handle secures



the illumination of the small lamp, and the battery, when exhausted, is easily and cheaply renewed. The probes are made in six-inch lengths, at $1.00; twelve-inch, $1.25; and eighteen-inch, $1.50. Special lengths are furnished to order.

Very Low Rates to the Northwest.—March 1 to April 30, 1902, the Chicago, Milwaukee & St. Paul Railway will sell tickets to Montana, Idaho and North Pacific coast points at the following greatly reduced rates: From Chicago to Butte, Helena and Anaconda, $30.00; Spokane, $30.50; Portland, Tacoma, Seattle, Victoria and Vancouver, $33.00. Choice of routes via Omaha or St. Paul to points in Montana, Oregon and Washington.

For further information apply to any coupon ticket agent in the United States or Canada, or address Robt. C. Jones, Michigan Passenger Agent, Detroit, Mich.

THERAPEUTIC BREVITIES

Spontaneous Rupture of Eyeball. W. Whitehead Gilfillian, in the *Medical News,* reports an interesting case, excerpts from which follow:

M. F., female, French, aged eighty-seven years, entered the French Hospital April 3, 1900. The patient was treated for paralysis agitans. Her mental, as well as physical, condition was very poor. As the ophthalmologist to the Hospital I was called to see her in November, 1900, to treat her for a slight catarrhal conjunctivitis of both eyes. At that time I noticed senile cataract in each eye, as well as large opacities of the cornea, but there was no sign of staphyloma. The vision in each eye was very poor, being only 4-200. In the course of three weeks she was cured of the trouble with the conjunctiva. On February 27, 1901, at three o'clock in the afternoon, she complained of a very sharp pain on the left side of the head. At this time the patient was in bed, although a short time before she had been to the closet with an attendant. By the time the assistant house surgeon, Dr. Thomassen, reached her, there had been a large hæmorrhage from the globe of the left eye, much larger than one usually gets in an operation for enucleation. The crystalline lens was lying on her left cheek, much vitreous had escaped, and a portion of the iris was prolapsed.

I did not see the patient until the following day. On examination I found that the opening in the cornea was in the center and seemed only large enough to allow the lens to pass through. It was horizontal and the edges were rough. There was much blood in the anterior chamber. The size of the eye was not diminished. The wound closed slowly, it being six weeks before the cornea was completely healed.

The patient was transferred to Bellevue Hospital. I was anxious to get the eye, if the patient died, and have a microscopic examination made. On July 1st I took up my service at the City Hospital, Blackwell's Island, and thought I might see the patient there, as most chronic cases are sent there from Bellevue. She never reached the City Hospital and must have died during the hot spell in the last of June, although I could get no history of the case at Bellevue.

This case is strange in the fact that there was no traumatism nor was there any ulcerative process going on in the cornea. There was no staphyloma. Had there been any of these conditions, there would be nothing unusual about the case. The patient had well-marked arteriosclerosis, as might well be expected in a person of her age. It is possible, perhaps, that straining at stool may have ruptured one of the vessels of the eye and produced the hæmorrhage, which, as I have already stated, was unusually large.

I have been unable to find any literature on the subject, or to find any colleague who has heard of a similar case.

Kangaroo Tendons.—For a correct result with the buried suture method three requisites exist, viz.: an aseptic suture, an aseptic wound and aseptic qualities preserved until union has taken place. Two things to regard at all times are, to take some means of preventing the entrance of pyogenic germs to the buried suture, and to allow no avenue of communication between the outside air and the wound itself. The *en masse* silk-worm sutures, removed after the wound is apparently healed, cause inflammation, followed by abscess in many cases. Dr. H. W. Longyear says, in the *Physician and Surgeon*: "I get over these difficulties very satisfactorily by first closing these parts (in a case of rupture of the peritoneum) externally by the use of a very fine running Kangaroo tendon suture and the application of aristol to the lines of union. The aristol adheres very closely and will usually protect the Kangaroo tendon from infection until its absorption occurs."

Kangaroo tendons properly prepared are treated in the following manner: One part of chromic acid is dissolved in four thousand parts of water and to this solution two hundred parts of carbolic acid or absolute phenol are added. The chromic acid has an extraordinary effect on the tendon. And when tendons are prepared by an experienced hand, they may be used within forty-eight hours. They are taken out of the solution and dried, afterwards being placed in a one-to-five carbolic oil. They are then ready for use.

Femur Fractures and the Ambulatory Pneumatic Splint.—Dr. W. B. Metcalf, in the *Journal of the American Medical Association,* is reported as making the following comment on the subject of femoral fractures: "The treatment of fractures of the femur has from time immemorial been an ungovernable condition, never fully under the control of the surgeon. The condition has been a source of anxiety to the surgeon and not an infrequent source of deformity to the patient. The injury has invariably resulted in shortening, which varied in amount from three-fourths of an inch to three and one-half inches, and in rare cases even more. With an average disability of twelve weeks (being the time offered by an insurance company as a cash settlement at the time of the accident). Heilfrich, in his book on Fractures, published in 1900, gives an average time for healing as thirteen and one-half months, with thirty-four per cent. able and sixty-six per cent. unable to work. In view of these facts, I report the following case:

"April 6th, 1901, Mr. A. G. B., age 34, married, weight 205 pounds, height 6 feet and 1 inch, sustained a fracture of the left femur while bowling, caused by muscular contraction in the effort to throw the ball. The fracture was complete, there being free mobility at the point of injury. Little care was used in moving him to his home, and as a result the tissues surrounding the fracture were very much mutilated. The ecchymosis and extravasation that followed involved the limb from below the knee to the crest of the ilium. Forty-eight hours after the accident the circumference of the injured limb at the junction of the middle and upper third was fourteen inches more than the right one at the same point. The amount of fluid at this time about the knee was enormous. In fact the whole picture of the injured limb was of as severe an injury as I have ever seen of a thigh, barring one requiring an amputation. Dr. Buford, who examined the limb, confirmed the severity of the injury. On the third day after the accident with the assistance of Dr. J. G. Hughes, a pneumatic splint was applied, the limb was measured and showed one and one-half inches of shortening. It was impossible at this time to get complete extension because of the great swelling. A gentle massage of the limb was kept up at frequent intervals, which was easily done while the splint was on. By the fifth day the swelling had subsided enough so that the foot was brought down in perfect position.

"Twenty-four hours after the application of the splint, the patient was free from pain, and could move himself about in bed with perfect ease. Two weeks after the application of the splint, he was about the house. The next week he was going about the streets, and in less than four weeks after the application of the splint he was at his office, he was sleeping without the splint, and he was able to get into a bath tub unassisted. Measurements made by Dr. W. H. Vary, Dr. J. G. Hughes, Dr. Oschner and the author showed that there is no shortening in the injured limb."

Suppurative Pericarditis in Children.—Batten, in the *British Medical Journal,* states that fully 3 per cent. of the deaths in the Children's Hospital are due to this trouble, so difficult to recognize. Even with diagnosis made, the physician is often impotent to interfere.

Of 6 personal cases of this affection in children, from ten months to three years of age, all had existed for some weeks before admission to the hospital.

In every instance the pericarditis appeared to be secondary to some other affection (measles, pneumonia, bronchitis).

The patients often have an apparently healthy look (as far as nutrition goes), which, however, is belied by the very rapid pulse, flabbiness and wasting of the muscles, pallor, etc.

One symptom frequently encountered is the tendency to syncopal attacks, characterized in the infant by lividity of the lips, tachypnea and general moribund appearance.

Physical exploration does not supply the practitioner with much definite information. As a rule the area of percussion dulness was not increased, and murmurs were absent.

The amount of pus found in the pericardium varied from a few drachms to six ounces. The heart muscles and endocardium were natural. Empyema coexisted in 4 of the 6 cases.

Differential diagnosis in these cases must take into consideration the possibility of empyema and tuberculosis. The only symptoms at all suggestive of sup-

purative pericarditis are very rapid pulse and the syncopal attacks.

Lime-Water a Disinfectant for Fabrics.—Beyer has tested different methods employed for the disinfection of bed linen and underclothing. The ordinary methods by boiling are not suited to these articles, as the presence of blood, pus and fæces causes an ineradicable stain if a high temperature is used. Soaking the garments in solutions of various soaps for one or two days failed in every instance to kill cholera, typhoid and pyogenic organisms, which were mixed with the fæces with which the garments were smeared. In some cases the germs were killed when the solution containing the linen was kept at 50° C. for a few hours. With lime-water the results were much better. Sample garments which were soaked in this solution for twenty-four hours were found to be sterilized. An equally good result was obtained in a hospital where about one-half a cubic meter of soiled linen was soaked in lime-water for forty-eight hours, or for twenty-four hours if the clothing was first rinsed with lime-water, and then placed in afresh solution. The lime-water does not injure linen or cotton goods, but shrinks woolen to such an extent as to prevent its use.—(*Fortschritte der Medicin.*)

Danger in Laparotomy.—In laparotomy operations in the case of penetrating wounds of the abdomen some lowering of the mortality rate has been shown by recent statistics; for example, Morton (1889) collected 110 cases, showing a mortality of 62 per cent.; Coley (1890) collected 165 cases, with a mortality of 67.2 per cent.; while Fenner has lately gathered 152 cases with a total mortality of 57.23 per cent.—(*Clinical Review.*)

Enuresis, Nocturnal.—Articles are continually appearing in medical journals in which the possible reflex origin is never mentioned; and yet competent and trustworthy men have published reports in which this distressing affliction disappeared the day that an irritating eye-strain was relieved.—(*American Medicine.*)

CORRESPONDENCE.

Lakeview, Mich., March 31, 1902.

DETROIT MEDICAL JOURNAL:—

Hurrah for Dr. Sprague. To nearly every physician in the country, every mail brings pamphlets and papers by the dozen, all telling of the wonderful cures effected by some of Soup Stone's preparations.

They all contain reports of cases, by "eminent" doctors of whom I, at least, in my ignorance, have never heard. I conclude that there are many of the Soup Stone family in St. Louis, Mo.

But what seems most strange, to me, is the fact that so many are graduates of reputable colleges, men who had opportunities to know better and are simply peddling soup stones for these fakirs.

Indeed, I regard all ready-made prescriptions as being, mostly, fakes. Few cases, met with in our daily practices, are so nearly alike that an unvarying combination will do for all. Even if the same drugs are used the proportions should be varied to meet the indications. Each case with the constitutional peculiarities of the patient is a "law unto itself." The physician should be able to order his compound of Saw palmetto and Santal with aromatics just as well as to pay several times its value for a preparation by some "Pharmacal Co." If he is willing to admit his inability to do so, he has mistaken his calling and should quit practice, no matter how many diplomas he may hold.

This is becoming an enormous evil, but I suppose it will continue as long as there are "suckers" to fish for among the medical fraternity.

(Signed) DR. J. T. JOSLIN,
Lakeview, Mich.

(Dr. Joslin expresses himself in line with the stand taken by Dr. Sprague in the March issue. We gather from his letter that he is a great believer in a doctor's knowing just what he is giving his patient, not trusting to factory-made tablets unless he knows the manufacturer

to be a thoroughly honest and honorable man. We are glad to see that members of the profession agree with us on the stand we have taken against non-ethical preparations. There can be no question that in this modern day the making of tablets has risen to large proportions of importance to the practitioner. But it is axiomatic that a physician should demand as much honesty and care back of the furnishing of tablets as he does back of drugs for medical purposes. The doctor's thought is quite in line with the policy of the Journal.—Ed.)

Windsor, Ont., March 29, '02.

Dear Sir:—

Enclosed please find one dollar to pay for your much appreciated JOURNAL. My subscription ran out this month.

Yours truly,

(Signed) R. CARNEY.

WALTER C. BOYNTON, ESQ.,

MANAGER

DETROIT MEDICAL JOURNAL.

Sore Throat.—Sore throat is sometimes apparently almost epidemic, but it almost always results from a clogged condition of the system, as does tonsilitis. People in the winter season eat heartily, and seldom exercise to the point of perspiration. The bowels are very often constipated; the lungs are called upon to do more than their share of elimination; the glands of the throat being clogged with effete matter, as are the other parts of the body. This clogging results in inflammation, and inflammation means soreness.

A good sweat and an active movement of the bowels eliminate this waste effete matter and remove the clogged condition, which is the real cause of the trouble. To cure a sore throat, move the bowels freely, stimulate the skin to action, and above all, do not be afraid of some active exercise and pure air. Besides these measures it is well to rub the throat with a strong counter-irritant liniment or to apply a capsicum and belladonna plaster. Inhaling steam carrying camphor also is beneficial.—(*Exchange.*)

NOTES & COMMENT

Royal Personages and Quacks.—Jefferson points out that royalties have long had a predilection for quackery. Queen Anne's weak eyes, he remarks, caused her to pass from one empiric to another for the relief they promised to give and in some cases even persuaded her that they had given her. She had a passion for quack oculists. Happy was the advertising scoundrel who gained Her Majesty's favor with a new collyrium! For, of course, if the greatest personage in the land said that Professor Humbug was a wonderful man, a master of his art and inspired by Heaven to heal the sick, there was no appeal from so eminent an authority. How should an elderly lady with a crown on her head be mistaken? Do we not hear the same arguments every day in this enlightened generation when the new chiropodist or rubber or inventor of a specific for consumption points to the social distinctions of the dupes as conclusive evidence that he is neither supported by vulgar ignorance nor afraid to meet the most searching scrutiny of the educated? Queen Anne was so charmed with two of the many knaves who by turns enjoyed her countenance that she had them sworn in as her oculists in ordinary; one of them she was so silly as to knight. William Reade, originally a botching tailor and to the last a very ignorant man (as his "Short and Exact Account of All the Diseases Incident to the Eyes" attests), rose to knighthood and the most lucrative fashionable physician's practice of his period. It was true that Sir William Reade was unable to read the book which he had written through an amanuensis, but many wealthy people who listened to his sonorous voice behind his lace ruffles and gold-headed cane and saw his coach drawn along by superb horses thought him equal in every respect to Pope and Swift. Anne's other sworn oculist was Roger Grant, a prodigiously vain cobbler who had his likeness engraved in copper. He was in the habit of getting hold of a poor person of imperfect vision, whom, after treating with medicines and half crowns, he induced to sign a testimonial to the effect that he

had been born stone blind and had never enjoyed any sight until Providence led him to Dr. Grant, who cured him in little more than a month. Through the usual clergyman's proclivity for quacks many signed the certificates as witnesses. If they did not "Dr." Grant himself saved them the trouble by affixing their names. —(*Medical News.*)

Medical Legislation Reform.—Dr. H. M. Shallenberg, of Rochester, evidently shares the general impression that there is room for improvement along the line of legislation affecting the practice of medicine. In the *Pennsylvania Medical Journal he sayss* A spirit of commercialism to-day in a majority of our medical colleges is paying a premium for a low standard of education, and reforms must come through means that will strike directly at the heart of this commercialism. Neither the study nor the practice of medicine is a commercial undertaking, and the conduct of the medical schools should be on a plane high enough to eliminate any suggestion of this commercial factor. In a few of the colleges high standards are required and maintained, but the proportion of these is to the whole number very small. Twenty-five years ago the country was filled with illiterate and incompetent practitioners, many of whom had never been within the walls of a medical school. The conditions were such as to require the enactment of protective laws, at first difficult of fulfillment owing to the ignorance of the laity as to the existing conditions. While a battle for higher standards in efficiency has been waged steadily, resulting a few years ago in the organization of State Boards of Medical Examiners, yet our medical colleges, with few exceptions, have continued to admit and teach students from the same low standards and by the same old methods. These same colleges, to satisfy the outcries of the profession for a more careful selection of students, have made a pretense in their annual announcements of preliminary educational requirements and the exaction of entrance examinations, while they have sought to enroll students by every means and have had as their only requirements the payment for the professor's ticket.

We have in the United States 156 medical colleges. In one city sixteen medical schools. About 6,000 young men are graduated each year. One-half of this number of graduates is in excess of the yearly need of one physician to 800 inhabitants, with allowance made for increase ?

Criminal Abortion.—Dr. E. Stuver, writing in the *Medical News,* has some good things to say concerning this not infrequently committed crime. For example:

Every medical society in the land should set the seal of its emphatic condemnation on this offense, and should ignominiously expel any physician guilty either of its perpetration or of connivance thereto. Every physician should be given to understand that he dare not produce abortions upon prostitutes, or upon those who, for convenience or social indulgences, would violate Nature's laws, and at the same time retain his position as an honorable professional man or woman.

Nor is it sufficient that the physician merely occupy the negative position of refusing to perform such operation. He should embrace every fitting opportunity to impress its importance upon others. Legislators and judges should be taught the biological facts on which life rests, so that laws may be framed and decisions rendered in accordance with the necessities of the case. Ministers should, likewise, be instructed and aroused to an appreciation of the enormity of the crime and its devastating consequences. Their calling affords them many opportunities to point out vividly the physical dangers and moral turpitude of the offense. They are in a position to do much good, and their sympathy and co-operation should be secured in overcoming the evil. Teachers in our higher institutions of learning can, by instilling correct moral principles into the minds of students, do much toward preventing this baleful practice.

Finally, laws, with severe penalties for their contravention, should be enacted prohibiting newspapers from advertising and druggists from selling abortifacient remedies, except on prescription of properly-licensed physicians. Such laws, if properly enacted and rigidly enforced, would, I believe, prevent a great many of these crimes, and have a very salutary effect in awakening the people to the enormity of this offense.

Circumcision.—Dr. Graham, in the *Georgia Journal of Medicine and Surgery,* takes a strong stand against this operation. He says:

"Who ever heard of any one dying from not being circumcised? This simple operation, due to infection, and death from anæsthesia has claimed its many victims, that if left uncircumcised, would have struggled through life with a natural prepuce and perhaps have become great or useful men, even with this great *drawback.* Until the boy comes to or passes the age of puberty his foreskin should not be ruptured, for erections before the development of the glans penis are not sufficient to break through the prepuce. Men require virginity in women at marriage, but do in no manner account for their own chastity and virtue; possibly may not the prepuce be to the male what the hymen is to the female, for when either are ruptured completely what are we led to suppose? The less the early youth has to do with his penis, the better he is. I don't think circumcision, by allowing the sensitive glans to be touched and irritated by clothing or other things, is any addition in particular to the boy's tranquil peace of mind. Some might say if smegma collects it's worse—but I simply don't believe it. I think it is time to call a halt on this promiscuous circumcision habit of some physicians, for where it is not clearly indicated, and it very seldom is, it does no proven good, it is cruelty when done without some form of anæsthesia, and then it is dangerous. I would like to see some one prove (except in rare cases) the good derived from promiscuous circumcision. In my opinion, those who do this should have a call from the local society for the Prevention of Cruelty to Animals. Some physicians do it because they think it's good to do; some others, because they are taught so, and some others, because they don't know any better. Acording to even some religious beliefs if a child goes forty days without circumcision, has not forty days of resistance been proven? If he reaches thirteen years, has he not passed and resisted everything of an infectious nature by continuing to live? If he lives to thirteen and is well, if let alone, according to all common sense, not to mention mathematics, the chances would be in his favor for healthy adult life.

"Three things only confront his long prepuce, and from that cause further years of health, borrowed, begged or stolen, gonococci, syphilitic or chancroidal, chancroidal infection, and neither one of these diseases has any respect for an absent prepuce; the shorter the prepuce the easier the infection. For if it were all unbroken skin—no mucous membrane—infection would not occur. The unbroken cuticle of the examining finger of the physician protects him from infection. Think over that. Who would not prefer a balanitis, with its uncertain pathology and a natural foreskin, than a deep-seated urethritis or gonorrhœal rheumatism?—not to mention the fatal tune at any time liable to be played in discordant music on the very heart strings."

The Trouble at Mt. Clemens.—The following card, which is being displayed in the prominent public places of the Bath Town, including the hotel lobbies and the street corners, shows the bitterness which exists in the fight over "runners," now waging among the physicians:

Publicity, the best method for remedying existing evils.

CAUTION.

Upon your arrival at Mt. Clemens, **beware of any person,** especially runners, operating on the cars, public square, railroad stations, hotels and boarding houses, attempting to advise you to consult other physicians than the one to whom you were recommended. It is not friendship which inspires them to mislead you. They are well paid for their dishonesty by some physicians not members of our medical association. No compensation will be paid by any of the undersigned physicians of Mt. Clemens to secure patronage:

Dr. Henry Berry, Dr. W. F. Berry, Dr. Jos. C. Croman, Dr. Emma A. Decker, Dr. T. B. Englehart, Dr. Richard Leuschner, Dr. W. T. Lungershausen, Dr. J. F. O'Keefe, Dr. A. A. Parisot, Dr. Harry F. Taylor, Dr. E. G. Folsom, Dr. V. Gardner, Dr. A. Hayward, Dr. P. A. Knight, Dr. Paul Leuschner, Dr. Theo. H. Smith, Dr. J. H. Sullivan, Dr. A. J. Warren, Dr. Jas. G. White.

Labeled Bottles and Babies.—"I was called," said a physician, "to attend triplets. The three youngsters, a few weeks

old, lay side by side in a crib, and it was a physical impossibility to tell one from the other. Each had a different ailment. The mother knew that one had a cough, but did not know which it was. Mother and doctor waited for a cough before deciding to which one of the trio it belonged.

"A different medicine was prescribed for each, and the anxious mother was perplexed to know how she should avoid giving the wrong medicine to the wrong child. The doctor came to the rescue by placing a piece of red flannel around the neck of one bottle and a strip of similar material around the arm of the child to whom it was to be given. White linen and a piece of green cloth were used respectively for the other two."—(*Philadelphia Times.*)

Clean Hands.—Dr. W. Gyll, in a recent address before a southern medical association is quoted in the *Charlotte Medical Journal* as saying: "I do not believe there are five men in front of me who would wash their hands to suit me. If you want to know when your hands are washed clean, try a plan which I use sometimes with my nurses, when they get a little "smart" and think they are perfect: I give them some iodoform vaseline to smear around their hands and then tell them to wash their hands for 10 to 15 minutes and then hand them a silver dollar 15 minutes afterward. If they can handle it without the odor of iodoform remaining, then I know their hands are clean. That is a test you can apply. It is not a simple or easy thing to wash the hands clean. Look at men to-day using gloves, benumbing their sense of touch, and the inability to do artistic work. The man who claims that he can do as good work with gloves on has probably never reached the highest standard in developing his sense of touch."

Hospital Service Obligatory.—A year's service in a hospital has been obligatory to the medical graduate in Budapest; four months are to be given to the medical wards, two to the surgical and two to the gynecological; the remaining four months are to be passed in any department selected by the interne.—(*Exchange.*)

Potassium Permanganate in Opium Poisoning.—Calderon cites a case of opium poisoning which he treated with complete success by the use of potassium permanganate. He first used the stomach pump, then washed out the stomach with a 1 to 5,000 solution of the permanganate until the water came out rose-colored, using in all about a gallon of the solution. Next he injected hypodermically a full syringe of the 1 to 20 solution in water. After this he left 150 grams of a 1% solution to be taken in tablespoon doses every hour. The permanganate oxydizes the morphine contained in the stomach, causing it to become inert. The resulting mangandioxide is insoluble and therefore harmless. If the amount of morphine taken is known, the proportion of five parts permanganate should be given as the antidote; if, however, the amount of morphine is unknown, 1 tablespoonful of a 1% solution should be given every hour. In laudanum poisoning, 0.4 grams of permanganate per os neutralizes 30 grams of laudanum.—(*Pacific Medical Journal.*)

Cinnamon Water as an Antiseptic.—Oil of cinnamon in aqueous solution acts like magic as a local disinfectant. In a recent wound of any kind, after stitching or whatever may be needed, keep a compress wet with cinnamon water constantly applied until healing is complete, which usually takes place without suppuration. It takes the place of corrosive sublimate, and everything else. It is pleasant to use, cleanly, non-toxic, safe, and cheap. As a douche after parturition it is ideal, not often requiring to be used more than two or three times. I add three or four drops of the oil of cinnamon to two quarts of warm water, and direct it to be used as often as there is any scent to the lochia. In nasal catarrh it serves well, and in fact whereever a germicide and disinfectant is wanted.—(*Medical World.*)

Ferum Iodatum.—This is indispensable in complicated scrofula where chlorosis rachitis and syphilis combine with the scrofulous processes. It removes speedily impetigo of the cheek and eczematous exanthemata of the face and whole body. —(*Medical Magazine.*)

After-Care in Perforation Operations.—Gilford suggests in the *British Medical Journal* that water may be given 4 hours after operation. After 24 hours grape sugar in the form of raisin tea or a decoction of malt may be administered in small doses. Milk contains proteids which undergo digestion in the stomach and should be avoided; beef tea and the various beef extracts stimulate the secretion of gastric juice and are not to be employed. After from one to three days cream and water (1 part of the former to 12 parts of the latter) may be added to the grape sugar. At the end of a week solid food may be commenced, but for two weeks longer it is better to select food which is digested mainly in the intestine. The patient should lie on the right side with the shoulders slightly raised in order to facilitate the egress of fluids from the stomach; if the ulcer be low down on the anterior wall of the stomach, the supine position is the best attitude. The bowels should be moved by the use of enemata if possible; calomel and salts being withheld unless ileus is threatened and rectal injections have proven uneffectual.

Age of First Menstruation.—In the *New York Medical Journal* Dr. Geo. J. Engelmann gives some interesting data along this line. He finds that American women as to the time of functional development are more precocious than are the women of other continents in the same zone, and that they are more precocious than the people from whom they are descended. On this continent the average age is 14, while in Europe it is 15.5. Climate does not influence the time of pubertal development in the temperate regions of this continent. Here, racial characteristics as to the time of development raqidly fade away. Girls of the working classes develop sooner than do girls of the wealthy classes. In this country mentality, surroundings, education and nerve stimulation are the factors that determine the time of development.

The Three Fates.—"Practically the world over, three constant and terrible diseases cause the destruction of countless human lives. These three diseases are leprosy, tuberculosis and syphilis."—(*Clinical Review.*)

Sometimes They May Talk.—An important ruling made by the court recently was that when a person who is suing for damages testifies in court that a doctor examined him and found him injured, the doctor is a competent witness in the case, and must tell what he found.

This ruling was made in the case of W. R. Highfall against the Missouri Pacific Railway company. Highfall was a passenger on a train, and claimed to have had his hip dislocated by a blow of a swinging car door. His case was tried in the circuit court of the county, and a jury gave him $500 damages. This verdict the court of appeals reversed, and remanded the case for a new trial because when Dr. Wood was put on the stand in the trial of the case, and was asked what he found to be the matter with Mr. Highfall, the lawyers for the latter objected to the question, and the court sustained the objection holding that a physician cannot be forced to reveal the secrets of the sick room. But the court of appeals holds that when a witness seeks to fortify his case by testifying that a doctor found him injured, he waives the secrecy imposed by the statute, and the doctor may be put upon the stand to testify.—(*Kansas City Star.*)

Albargin.—Antiseptic, germicide, and antigonorrheic; contains 15 per cent of silver, said to be twice as much as is contained in any other similar substance. Albargin is not precipitated from its solutions by either hydrochloric acid or sodium chloride solution; nor does it coagulate albumen. Used by injection in gonorrhœa in solutions ranging from one-tenth of one per cent. to one per cent. in strength. Aqueous solutions remain permanent if not exposed to the direct rays of light.—(*Bulletin of Pharmacy*).

Cacodylate of Sodium in Carcinoma.—Payne, in *The Lancet,* reports two cases of carcinoma—one of the uterus, the other of the tongue—treated with cacodylate of sodium with marked improvement in both cases. The drug was given hypodermically, in doses gradually increased to a maximum of 7.5 centigrams once daily. It is believed that arsenic has a specific action on epithelial cells—at first beneficial; ultimately destructive—and

that, coming in contact with the epithelial cells of a person suffering with carcinoma, the deliterious action of the drug is resisted more by the normal cells than by pathologic cancerous cells. The latter are overcome and destroyed, hence the cure.

Alcohol as a Disinfectant.—Alcohol in proper dilution is a very efficient disinfectant, its disinfecting properties depending partly upon its desiccating action and partly upon a distinct toxic influence upon the bacteria. In efficiency it may be classed between corrosive sublimate and carbolic acid. The best solution for the disinfection of the hands is slightly acidulated 80 per cent. alcohol.—(*Medical Times.*)

Gastric Affections.—Creosote, although rarely employed in diseases of the digestive tract, save to check vomiting, is often serviceable in infantile gastro-enteritis, and various dyspeptic conditions. Give the beech creosote, three drops, dissolved in fifteen minims of alcohol, to which is subsequently added 1500 grains of mucilage. For children use a teaspoonful, for adults a tablespoonful, immediately before each meal.—(*La Semaine Médicale.*)

Elecampane.—Inula has been a domestic remedy in bronchial affections for fifty years or more, but has not been in great favor with physicians generally. Recently, however, some scientific investigations have shown it to possess therapeutic properties of some value. It is even hoped that the property posessed by one of its active principles, helenin, of inhibiting the growth of tubercle bacilli, may render it useful in the treatment of tuberculosis.—(*St. Louis Clinique.*)

Nitric Acid for the Voice.—Dr. Bartholow says that failure of the voice from fatigue or simple mucous laryngitis is often wonderfully relieved by a small dose of nitric acid every two hours, well diluted.—(*N. W. Lancet.*)

Tonsilitis.—Tonsillar sore throat is often much benefited by calomel, in one-fourth to one-half grain doses every two hours.—(*Medical Monthly.*)

"Black Eye" Cures.—Drs. C. A. Wood and T. A. Woodruff, writing in the *Medical Standard,* say that an ordinary "black eye," if seen at once, is best treated by cold applications (cloth wet with ice-water) or by an evaporating lotion such as the following:

℞ Liq. plumbi subacetatis..... 3j
Alcohol 3j
Aq. dest. q.s. ad.....Oj

When a definite blood-clot has formed, the skin should be incised or two or three leeches applied to the orbital margin. After two days the only thing to do is to apply flesh-colored paint to hide the discoloration.

Globus Hystericus, Causes of.—In the contraction of the œsophagus that is sometimes seen in hysterical women, there is sometimes a source of local irritation which appears to favor the occurrence of this condition. Ears plugged with wax, large tonsils and adenoids, nasal growths, may all be responsible and should be looked for. The mental effect of slight surgical procedures, when really indicated, is a great advantage.—(*International Journal of Surgery.*)

Acne and X-Rays.—Ulmann, in the *Wiener Klinische Wochenschrift,* reports a case of severe acne of the back in a patient aged sixteen, treated by the X-rays. Fifty exposures of half an hour were given. After fifteen sittings the acne spots swelled, and there was diffuse erythema of the skin. Afterwards the acne spots shrunk, while the skin over them exfoliated.

Eczema of Palm.—This as a rule is due to occupation causing habitual immersion of the hands in water. Salicylic acid, ten to twenty grains to one-half ounce of ointment base, is the remedy *par excellence.* The hands should never be washed with water, but when it is desired to remove the ointment it should be done by means of olive oil or liquid petrolatum. Salicylic acid plaster in strengths of five to ten or twenty per cent., as required, will overcome the objection to the use of ointment in this region.—(*Philadelphia Polyclinic.*)

BOOK REVIEWS

Human Anatomy. A Complete Systematic Treatise by Various Authors, including a Special Section on Surgical and Typographical Anatomy. Edited by Henry Morris, M. A., and M. D., London. Senior Surgeon to the Middlesex Hospital; Examiner in Surgery in the University of London; Member of the Council, and Chairman of the Court of Examiners of the Royal College of Surgeons of England; Honary Member of the Medical Society of the County of New York. pp. xxix—1274. Illustrated with 790 woodcuts, over 200 in colors. Second Edition. Size, 6½ x 10½. Cloth, $6.00. Philadelphia, Pa. P. Blakiston's Son & Co., publishers, 1012 Walnut St.

Dr. Morris has aimed to make this work complete as "a systematic description of every part and organ of the human body as it is studied in the dissecting-room" and to do this he has embodied in this second edition the suggestions of a number of his friends who have read the first edition with care. The original authors are all represented except two; Dr. Arthur Robinson has revised the section on the Nervous System instead of Dr. H. St. John Brooks; and those also which were written by the late Arthur Hensman. In a number of cases the original illustrations have been redrawn and in their present shape they certainly contribute largely not only to the appearance of the book but to its value to the student as well. Five years count for much even in the writing of a subject so well-defined as that of anatomy; and the researches and discoveries of half a decade are included in the book.

The several sections of the work are as follows: Section I, Osteology, by J. Bland Sutton; Section II, The Articulations, by Henry Morris; Section III, The Muscles, by J. N. C. Davies-Colley; Section IV, Arteries, Veins and Lymphatics, by W. J. Walsham; Section V, The Nervous System, by H. St. John Brooks, revised for the second edition by Arthur Robinson, M. D.; Section VI, Organs of Special Sense—Part I, The Eye, by R. Marcus Gunn; Part II, The Ear, The Tongue, The Nose, by Arthur Hensman, revised for the second edition by Arthur Robinson, M. D.; Section VII, The Thorax, including the Organs of Voice, Respiration and Circulation, by Arthur Hensman, revised for the second edition by Arthur Robinson, M. D.; Section VIII, The Organs of Digestion—Part I, The Organs above the Diaphragm, by Arthur Hensman, revised for the second edition by Arthur Robinson, M. D.; Part II, The Abdominal Viscera, by Frederick Treves; Section IX, The Urinary and Reproductive Organs, by William Anderson; The Skin, by William Anderson; Section X, Surgical and Topographical Anatomy, by W. H. A. Jacobson; Section XI, Vestigial and Abnormal Structures, by Arthur Robinson, M. D..

A complete index renders any part of the work readily accessible and marginal indices to the sections are a great convenience. The book is well published throughout.

A Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical

Association; Fellow of the Medical Society of London, etc., etc. Fifth edition, Thoroughly revised. Pages viii-1143. Size, 9¼ x 6¼ inches. Extra cloth, $5.00 net; Sheep, $5.75 net, delivered. Philadelphia, Pa. F. A. Davis Co., publishers, 1914-1916 Cherry St.

Exhaustiveness is one of the chief characteristics of this work of a recognized authority on Materia Medica. Dr. Shoemaker's large experience as a lecturer and teacher, combined with his wide scientific knowledge render him capable of fully treating of even so large a subject as that of materia medica and therapeutics with thoroughness. Both the U. S. P. preparations and those of the British Pharmacopœia are treated of and they are designated as official. But the remedies included in these do not constitute the whole of number mentioned in this work, as Shoemaker has taken pains to point out many so-called unofficial preparations which he says are to be regarded with favor for certain uses.

In each case, the Latin name of the drug is given, with its dosage, preparations, pharmacology and therapy following. Interesting bits of history of cases in which the drug has been used with special effect are recounted, and in a manner that impresses them on the mind of the reader with considerable force. Shoemaker's knowledge of his subject is so broad and his reading has been so exhaustive that he has been able, in conjunction with the more dry and formal description of the properties and action of drugs to throw out very useful hints of their results in extraordinary cases. Careful editing has brought the subject-matter up to date and the list of drugs considered includes the new discoveries.

Part II of the work is devoted to non-pharmacal remedies such as electro-therapeutics, massage, diet and so on. Only 71 pages are devoted to electro-therapeutics, but in this small space is contained much of value on the use of electricity as a remedial agent, together with several illustrations of apparatus. A number of formulæ for hypodermic use and several recipes for articles of sick-room diet conclude the book. A well-arranged general index makes reference easy and typographically the book is up to the standard of its publishers.

An International System of Electro-Therapeutics. For Students, General Practitioners, and Specialists. By numerous associated authors. Edited by Horatio R. Bigelow, M. D., Permanent Member of the American Medical Association; Fellow of the British Gynæcological Society and of the American Electro-Therapeutic Association; Member of the Philadelphia Obstetrical Society, of the Société Française d' Electro-Thérapie, and of the Anthropological and Biological Societies of Washington, D. C.; Author of "Gynæcological Electro-Therapeutics" and "Familiar Talks on Electricity and Batteries." Second Edition. Revised and brought up to date; with several New Departments, embodying the Most Recent Developments of the Science. Edited by G. Betton Massey, M. D., Ex-President and Fellow of the American Electro-Therapeutic Association; Member of the American Medical Association; Author of "Conservative Gynæcology and Electro-Therapeutics," etc. Thoroughly Illustrated. Royal Octavo. Pages x-1147. Prices net, Delivered; Extra Cloth, $6.00; Sheep, $7.00; Half-Russia, $7.50. Philadelphia, Pa. F. A. Davis Co., publishers; 1914-1916 Cherry St.

Massey has done some admirable work in this second edition of the work. He has maintained it as a text-book for the development of operative technique in the use of electricity as a remedial agent,

besides thoroughly revising, rearranging and on the whole improving the book. Owing to the new and improved means of making use of electrical energy from a source other than the chemical batteries, the section on the Galvanic Current has been rewritten in this edition. The article on Electro-Diagnosis has been considerably added to and changed, following the developments and discoveries made in this branch of medical electrical work. Entirely new articles on the Treatment of Aneurism by Coiled Wire and the Galvanic Current, the Roentgen Rays and the Cataphoric Treatment of Cancer, find a place in this edition. There are thirty-eight authors represented in the work, among them, besides Dr. Massey, being: William J. Herdman, Albert P. Brubaker, A. Tripier, of Paris, France; Augustin H. Goelet, Franklin H. Martin, J. H. Kellogg, William J. Morton and Robert Newman.

There are seven sections of the work, as follows: Section A, Introductory; Section B, Electro-Physics and Electro-Physiology; Section C, Gynæcology and Obstetrics; Section D, Diseases of the Nervous System; Section E, Disorders of the Abdominal and Thoracic Viscera; Section F, Diseases of Childhood; Section G, Electro-Surgery. The entire text is well illustrated, among designs being some engravings illustrative of electricity and its uses a century or more ago. Comprehensive and authentic, this work is of undoubted value to the modern practitioner of medicine.

Genito-Urinary Diseases and Syphilis. For Students and Practitioners. By Henry H. Morton, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island College and Kings County Hospitals and the Polhemus Memorial Clinic, etc. Illustrated with half-tones and full-page color plates. Pages xii-363. Size, 6 x 9½. Cloth, $3.00, not delivered. Philadelphia, Pa. F. A. Davis Company, publishers, 1914-1916 Cherry St.

Dr. Morton has naturally had much experience in the treatment of diseases of the class specified in the title, and his work therefore has the strength of authority. In the last decade great strides have been made in Genito-Urinary surgery and the most important discoveries and operations are fully treated in this book of Morton's. The cystoscope, the subject of renal surgery, the technique of lithotomy, prostatectomy and other relatively new means for relieving suffering in genito-urinary troubles are among the important subjects treated. With both the new and the more familiar phases of his subject the author has endeavored to state his ideas in such a manner as to have them of practical value to the practitioner; and in this he has succeeded. There are twenty-four chapters in the volume, each one dealing with a specific division of maladies met with in practice, while the text is embellished with ninety-six illustrations, including many well-executed half-tones.

There is a valuable section on syphilis, setting forth the diagnosis and treatment of syphilis and its lesions very fully; and the subject of impotence and sterility is considered at some length. A convenient list of genito-urinary instruments required for office use is published and the whole book is carefully edited.

Sexual Hygiene. Compiled by the editorial staff of the Alkaloidal Clinic. pp. 296. Size, 4½ x 7 inches. Cloth. The Clinic Publishing Co., Chicago.

The subject matter of this small book is made up largely of the answers of correspondents to an invitation to discuss the question of sexual hygiene, the editors of the Clinic feeling that it was an important one and that, owing to false modesty, it had never been carefully treated

of in medical text-books. There is also included the report of a meeting of the Physicians' Club of Chicago, held in November, 1898, which was originally published in the same magazine. Plain language without offense it the rule for the compilation and there can be little doubt in the mind of the careful and thoughtful reader that much of certain and practical knowledge is contained in the reports and comments of experienced practitioners. The book is exclusively intended for physicians, on the ground that they alone are properly capable of making good and rational use of the information contained in the work. Certainly the ground is well and carefully covered by the text and much information of value is given.

A Brief Manual of Prescription-Writing in Latin or English for the use of Physicians, Pharmacists, and Medical and Pharmacal Students. By M. L. Neff, A. M., M. D., Cedar Rapids, Ia. pp. v-136. Extra cloth, 75 cents net, delivered. Philadelphia, Pa. F. A. Davis Co., publishers, 1914-1916 Cherry St.

This book is the result of a wish on the part of Dr. Neff to place before a larger public his experiences in teaching medical students something of the art of prescription-writing, and this he has done in a pleasing manner. Some question may arise as to the necessity of writing a prescription in Latin when it is already in English, with a large possibility of error on the part of a young doctor who is not familiar with the ancient tongue; but for those who for any reason desire to know something of the more sonorous and imposing form of the prescription, the book is of unquestioned value. Nowadays Latin is not considered so necessary a part of a physician's equipment as it was a quarter of a century ago or less, but strangely enough there is always a desire on the part of the practitioner to write his prescriptions in Latin. And Dr. Neff's book will prove of great value to him in reaching this desire.

A Pocket Encyclopedia of Medicine and Surgery. Based upon "A Cyclopedia of Practical Medicine and Surgery." Edited by George M. Gould, A. M., M. D., Author of "Gould's Medical Dictionaries" and Editor of "American Medicine"; and Walter L. Pyle, A. M., M. D., Assistant Surgeon Willis Eye Hospital, Philadelphia; former Editor of "International Medical Magazine," etc., etc. Flexible leather, pp. 600. With numerous illustrations, diagrams, etc. Size, 3½ x 6. Philadelphia, Pa. P. Blakiston's Son & Co., publishers, 1012 Walnut St. 1902.

In small and convenient size, with the text clearly printed and the subject-matter condensed, this concentrated form of the same author's larger work on medicine and surgery commends itself to the profession for its handiness. The text is well arranged and while the style of writing is of necessity not discursive, yet the definitions are well written and sufficient detail is given to general subjects to make them of value to the practitioner and layman alike. Modern medical momenclature and knowledge are contained in the 1902 edition, which has been brought down to the day. The chief value of a work of this nature must be its accuracy, and for this the reputation of the editors is a sufficient guarantee; and the subject matter must be thoroughly modern to the advanced man of medicine. And this state is brought about by careful revision and the addition of the later words. The chemical composition of drugs is given and with it their properties and uses. Much positive advice is given concerning medication and operation. The edition is well dressed by the publisher.

Manual of Childbed Nursing with Notes on Infant Feeding. By Charles Jewett, A. M., M. D., Sc. D. Professor of Ob-

stetrics and Diseases of Women in the Long Island College Hospital. Fifth edition, revised and enlarged. Pages, 80. Size, 4¾ x 7½. Price, 80 cents. New York. E. B. Treat & Co., Publishers, 241-243 W. 23rd St.

From a small manual prepared for his nurses at the hospital Dr. Jewett has prepared the present book, designed to keep some important facts fresh in the minds of professional nurses and to serve in some sort at least as a guide to the expectant mother. Short words and few, small paragraphs and general conciseness tend to fix the material firmly in mind. Lists of necessities for the mother and child are given and simple directions for care of both after delivery are furnished. The little book is a practical one.

Gould's Pocket Pronouncing Medical Dictionary, with 30,000 words used in medicine and the collateral sciences pronounced and defined. By George M. Gould, A. M., M. D. Uniform with Gould and Pyle's Pocket Encyclopedia. pp. 837. With tables of clinical eponymic terms and of the arteries, muscles, nerves, etc. Dose-lists of drugs and their preparations in the English and the metric system. New Fourth Edition. Philadelphia, Pa. P. Blakiston's Son & Co., publishers, 1012 Walnut St. 1902.

The fact that Gould's dictionaries have reached the 100,000 mark in circulation speaks well for their popularity with the profession and the present form of the pocket dictionary will in all probability do something toward increasing the favor in which they are held. In the author's preface he calls attention to a list of new eponymic clinical terms which he has compiled; and the dose tables have been somewhat enlarged. Occasion has been taken to eradicate some inaccuracies in the body of the book, which is now a credit to both author and publisher, typographically and otherwise.

Johnson's First Aid Manual. Suggestions for Aid to the Injured in Accidents and Emergencies. pp. 113. Illustrated. Edited by Fred B. Kilmer. Cloth, 50 cents. New Brunswick, N. J. Johnson & Johnson, publishers.

Numerous illustrations and diagrams, together with text in short and easily understood words, render this little book useful even to those who have little or no knowledge of medicine or surgery. There are many valuable "Don'ts" and there are many useful hints and suggestions as to what to do. Emergency diagrams will perhaps remain in the mind and prove of benefit to the practitioner who is suddenly called upon to treat a large number of people as the result of a wreck or other accident. Surgical cleanliness is defined and simple directions for securing it as nearly as possible are given. It is a useful little work and one that may be read with interest and with profit.

In Germany, Too.—According to recent Berlin police reports nowhere in the world have quacks and their nostrums more support than in Germany. While the city population of Germany has increased 58 per cent. and the regular medical men 76 per cent., the quacks have increased 1,537 per cent. Of 123 men who were found to practice medicine in Berlin without a license 30 had been domestics, 45 artisans, and 16 clerks. Only 24 had even a fair education. The women quacks were more numerous than men quacks. Of 130 found practicing without a license only one was even fairly well educated. Sixty had been servant girls, 24 dressmakers, 10 charwomen and five nurses. The three men who made the largest incomes had been clerks; of the three most prosperous women two had been washerwomen and one a milliner. Thirty per cent. of the men and 15 per cent. of the women had been in jail.—(*Medical News.*)

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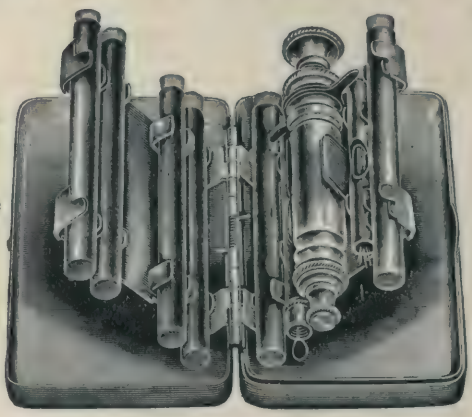

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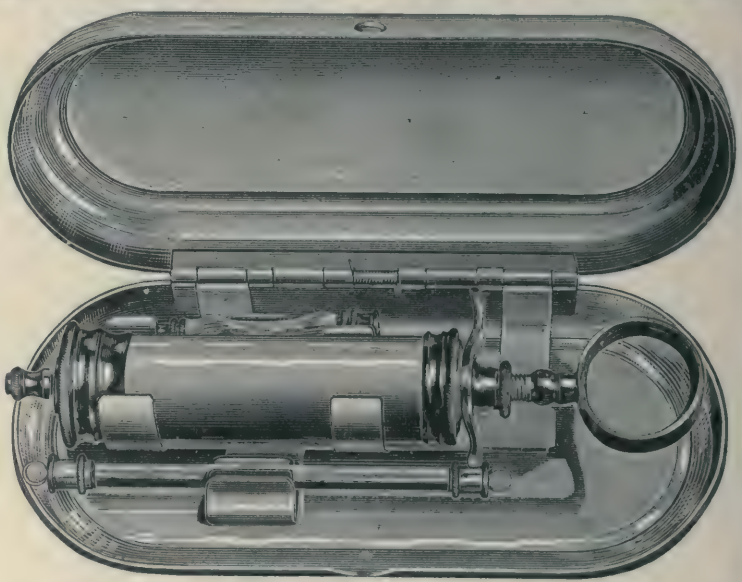

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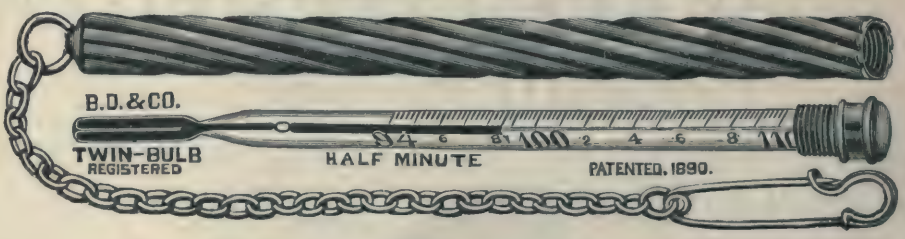

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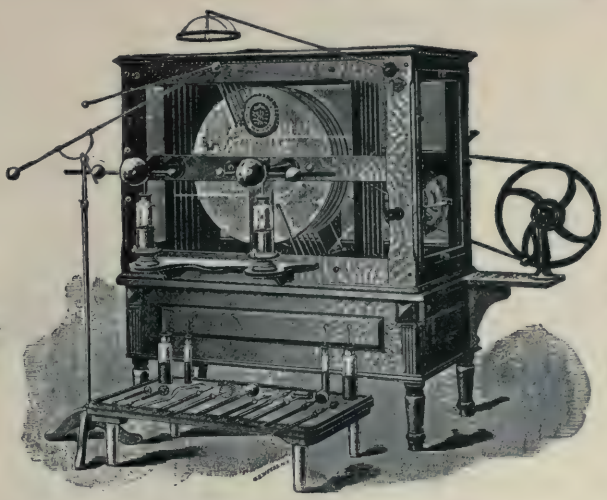

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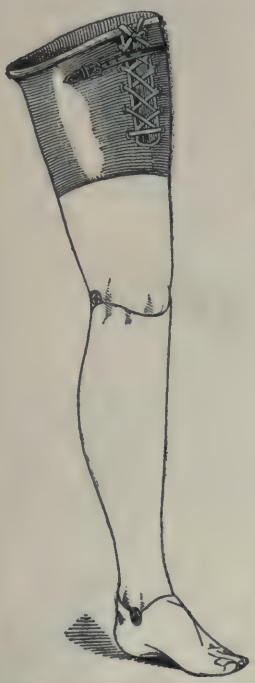

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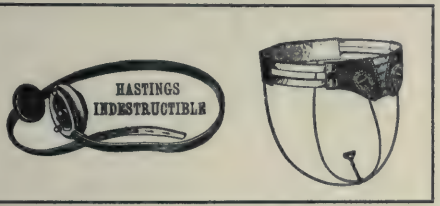

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Mulford's Antitoxin is prepared in accordance with the most rigid requirements of science; surgical, germ-free cleanliness characterizes every step of its production; the antitoxin never comes in momentary contact with the atmosphere; the exact unit-strength of toxins and antitoxins is determined with absolute mathematic precision; the purity and strength of each separate yield of antitoxin is determined by repeated series of tests upon guinea-pigs

The production is so completely surrounded with safeguards that contamination can never occur.

INCUBATION ROOM

FILLING ANTITOXIN IN ASEPTIC BULBS

BLEEDING HORSE TO OBTAIN SERUM

FILTERING ANTITOXIN

SEPARATING ANTITOXIC SERUM FROM BLOOD

Especially to be emphasized is the elaborate system of testing the serum. At least fifty guinea-pigs are required to determine the purity, unit-strength and non-irritating character of each separate yield of antitoxin.

Each cubic centimeter of Mulford's Antitoxin always contains a definite number of antitoxic units. This is the exclusive feature of Mulford's Antitoxin—no other serum in the world is so standardized or so scrupulously prepared.

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TESTING ANTITOXIN ON GUINEA-PIGS

HOW MULFORD'S VACCINE IS MADE

THE VACCINE LABORATORIES

THE VACCINE LABORATORIES

are entirely separate and remote from the Antitoxin Laboratories; they were constructed after careful inspection of the leading government vaccine establishments of Europe. The buildings embody all the latest features of sanitary construction with the details observed in modern hospitals and hygienic laboratories; no other vaccine plant is so extensive and complete.

The inoculation of animals and collection of virus are performed in a strictly aseptic manner in an operating room located in a separate building remote from stables.

ONE OF THE VACCINE STABLES

THE STABLES

accommodate one hundred calves, each of which is confined in an individual compartment. The floors, walls and ceilings are of cement, slate and porcelain finish and are frequently and thoroughly flushed and disinfected. The stables are heated and ventilated by the direct-indirect systems. The calves are fed exclusively upon milk and the excretions are disinfected and removed as soon as voided. Each separate building is a hygienic model, and the principles of asepsis are as rigidly adhered to as they are in the operating room of any modern hospital. Every calf is kept constantly immunized against tetanus by the injection of tetanus antitoxin, and is also injected with tuberculin in order to assure its freedom from disease; furthermore, each animal is subjected to a thorough physical examination by our veterinarian, who is in constant attendance.

ANIMAL TESTS

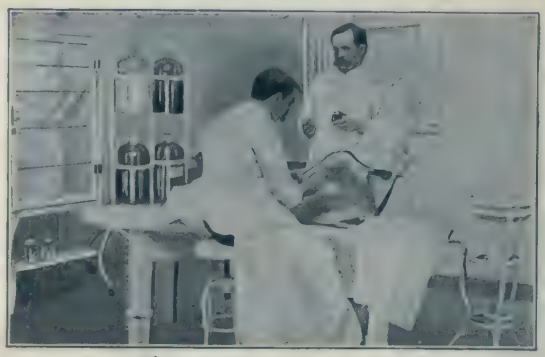
After the collection of vaccine each animal is killed and subjected to a careful post-mortem examination. **The virus from absolutely healthy animals is used exclusively.** Furthermore, tests are made on guinea-pigs in doses one hundred times as great as would be used for vaccinating a child. These procedures preclude absolutely the contamination of **Mulford's Vaccine** with toxic germ-products.

MILK IS USED EXCLUSIVELY IN FEEDING CALVES

HOW MULFORD'S VACCINE IS MADE

THE OPERATING ROOM

in which the inoculation of animals and collection of virus are executed, is maintained so rigidly aseptic that in it abdominal operations upon the human being could be safely performed. Everything connected with the collection of virus—instruments, apparatus, towels, etc.,—are sterilized by the most approved methods. The entire room is daily flushed with antiseptic solutions and disinfected with formaldehyde.



THE COLLECTION OF VIRUS

COLLECTION OF VIRUS

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TESTING VACCINE ON GUINEA-PIGS

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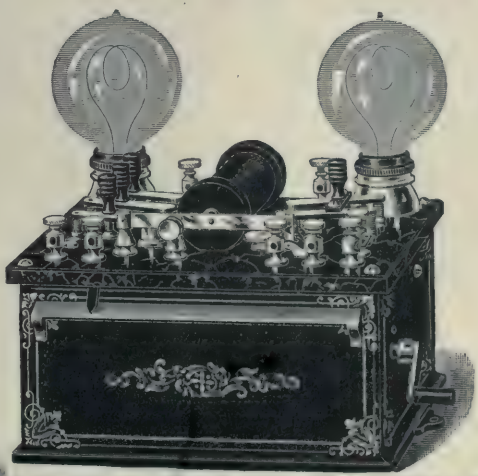

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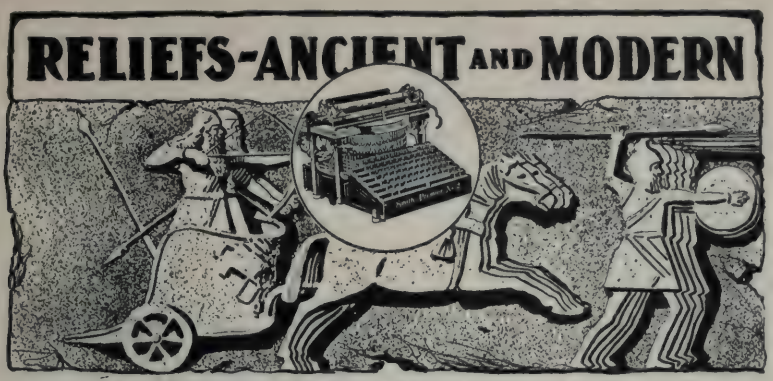

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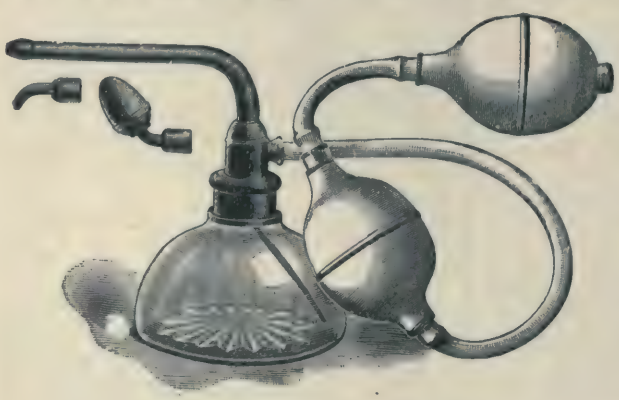

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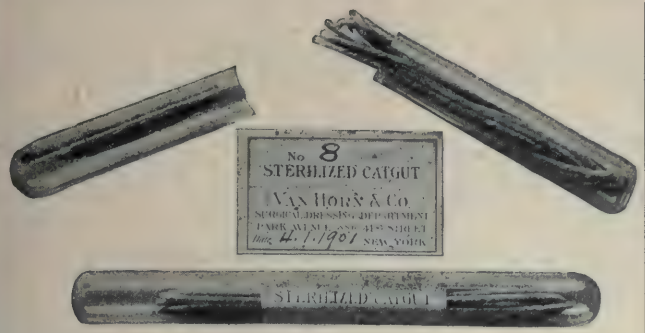

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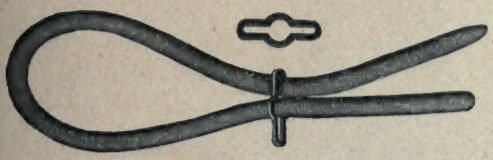

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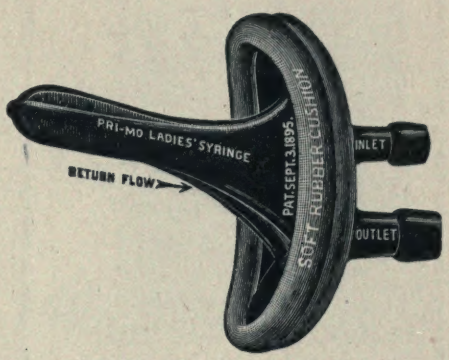

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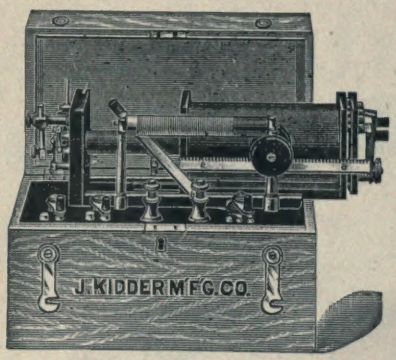

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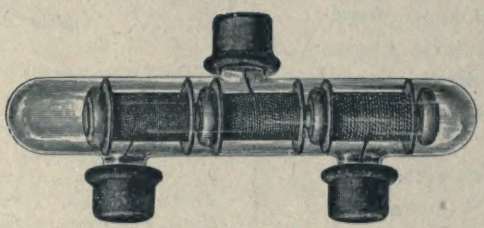

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